

**REQUEST FOR PROPOSAL  
TERMS AND CONDITIONS**

**PART I: REQUEST FOR PROPOSAL INFORMATION**

**SECTION 1 INTRODUCTION**

**1.0 ANNOUNCEMENT**

The Oklahoma Health Care Authority (OHCA), the Oklahoma State Medicaid Agency, is issuing this Request for Proposal (RFP) for the provision of External Quality Review, and Behavioral Health Utilization Management for Oklahoma’s Medicaid Program, SoonerCare.

Bidders may submit a bid to provide the following services:

- Part A - External Quality Review (as defined in sections three through five below). To bid on the External Quality Review, Bidder shall be able to meet all requirements in 1152 of the Social Security Act and Title 42 C.F.R. Part 475 et seq and 42 CFR 438.354; Bidder must demonstrate how they meet the requirements. This could include documentation such as QIO designation, QIO-like certification, External Quality Review etc.
- Part B - Behavioral Health Utilization Management (as defined in sections six through eight below). Bidders who bid on the Behavioral Health Utilization Management who meet the QIO or QIO-like requirements shall demonstrate how they meet the requirements; or
- Both Part A and Part B services.

This RFP may result in multiple awards to multiple bidders in order to obtain the best possible services.

**1.1 Schedule of Activities**

**The schedule of activities for this bid process is listed below. All dates are estimated and are subject to change.**

<b>Bid Released to Vendors</b>	<b>January 24, 2011</b>
<b>RFP Library Available</b>	<b>January 25, 2011</b>
<b>Last Date to Submit Questions</b>	<b>February 4, 2011</b>
<b>Answers to Questions Posted on Website</b>	<b>February 9, 2011</b>
<b>Bids Due to OHCA</b>	<b>February 24, 2011</b>
<b>Behavioral Health Utilization Management Contract Award</b>	<b>March 1-10, 2011</b>
<b>External Quality Review Contract Award</b>	<b>March 15, 2011</b>
<b>Operations Start Date</b>	<b>July 1, 2011</b>

**SECTION 2 DEFINITIONS**

**Atlantés** – A HP Enterprise Services web based application to document care management activities. More information may be found at <http://h10134.www1.hp.com/services/atlantes/>.

**Border Facility** – Facilities located in a neighboring state within 100 miles of the Oklahoma state line.

**CAP** - corrective action plan.

**Child** – individual age twenty (20) or younger.

**Choice** – a medical home program with comprehensive benefits where members choose a primary care provider who receives a monthly payment for care coordination

**Day** – All days are calendar days.

**DRG** – The DRG payment system, launched by the Centers for Medicare and Medicaid Services, creates a method of predetermined fixed reimbursement for inpatient hospital care. The payment consists of an amount to cover hospital operating and capital expense (Base Rate) multiplied by the case severity of the patient (DRG weight).

**Gross and Flagrant Violation** – Presents an imminent danger to the health, safety or well-being of the individual who seeks emergency examination and treatment or places that individual unnecessarily in a high-risk situation that results in the individual being harmed.

**Insure Oklahoma Individual Plan** – a comprehensive SoonerCare package that requires members to share in the cost through premiums and co-payments

**Member** – An individual enrolled in any SoonerCare or ODMHSAS benefit plan that is included in the scope of work in this RFP

**Per Member Per Month (PMPM)** – The amount of money paid to the Contractor on a monthly basis in arrears to perform the work in Section 6.2 for each member included in the Contractor’s program whether or not those members use the Contractor’s service during that month

**SoonerCare** - all OHCA medical benefit packages including Traditional, Choice, Insure Oklahoma, and Supplemental.

**Supplemental** means a SoonerCare plan that provides medical benefits to supplement those services covered by Medicare (sometimes called “crossover”.)

**Serious Risk Violation** – Places an individual seeking treatment in a high-risk situation unnecessarily, but does not result in the individual being harmed.

**SoonerCare** – Oklahoma Medicaid. SoonerCare, SoonerCare Choice, and Insure Oklahoma Individual Plan members are defined as SoonerCare in this RFP.

**Traditional** means a comprehensive SoonerCare package that pays providers for services on a fee-for-service basis.

## **PART A – EXTERNAL QUALITY REVIEW**

### **SECTION 3 SCOPE OF WORK**

Contractor will assist in the review, development, and implementation of rules and procedures for the administration of any activities in this Contract.

#### **3.0 RETROSPECTIVE REVIEW**

Contractor shall conduct retrospective review on a random sample of paid hospital inpatient and outpatient observation claims.

##### **A. Claims Selection**

1. Between the 5<sup>th</sup> and 10<sup>th</sup> business day of each month, OHCA shall transmit an electronic file of all inpatient and outpatient (with revenue code 76X) hospital paid claims to Contractor. (The date Contractor receives this claims file is referred to hereafter as the “Receipt Date”.) Within 15 days of the Receipt Date, Contractor shall utilize a statistically sound methodology to randomly select claims samples as follows. Contractor shall exclude Medicare claims from all samples:
  - 810 hospital admissions from all medical admissions, excluding hospital stays that are less than three days in duration for a healthy mother and/or a healthy newborn (normal newborn or mother stay);
  - 90 hospital admissions from adult psychiatric level of care admissions. With OHCA approval, Contractor may adjust the ratio of medical level of care to psychiatric level of cases to account for changes in inpatient hospital types;
  - 500 cases selected from all observation cases; and,
  - 200 additional hospital admission cases for a focused review of quality of care trending; these cases shall have a discharge date and discharge code within ninety (90) days of the last day of the month represented on the paid claims tape, including representative subsets of the following:
    - NICU stay;
    - Delivery or newborn (excluding NICU) stay equal to or greater than three (3) days;
    - Hospital stay less than three (3) days excluding those discharges involving a normal delivery or normal newborn stay;
    - Facility transfers from one acute care hospital to another acute care hospital;

- Re-admission within 15 days of prior acute care admission for a related condition; and
  - DRG cost-outliers.
2. Contractor and OHCA shall collaborate to establish any other samples, criteria, or guidelines for the claims selection process.
  3. Contractor shall request medical records for the selected samples, and will allow the hospital thirty (30) calendar days to submit the requested material. If, after thirty (30) calendar days has elapsed, the facility has failed to submit the requested medical record(s) and/or adequate record(s) to complete the review to Contractor, a technical denial will be issued by Contractor to the provider.

## **B. Inpatient Claims Analysis**

1. Within 60 days of Receipt Date, Contractor shall perform a first level review on these records using its best professional judgment based on InterQual and/or community guidelines.
2. For claims utilizing a per diem reimbursement methodology, Contractor shall identify:
  - Medically unnecessary admissions;
  - Medically unnecessary length of stay;
  - Inappropriate procedures performed;
  - Inappropriate billing of the level of care; and
  - Other quality of care issues.
3. For claims utilizing a DRG methodology, Contractor shall base validation and records review on accepted coding practice and consistent with guidelines established for ICD-9-CM coding, the Uniform Hospital Discharge Data Set data element definitions, and coding clarification issued by CMS. Contractor shall identify:
  - Medically unnecessary or inappropriate admissions and readmissions;
  - Medically unnecessary transfers;
  - Inappropriate procedures performed;
  - Inappropriate billing DRGs;
  - DRG cost outliers to determination appropriate coding and grouper assignment; and
  - Other quality of care issues.
4. For claims utilizing a DRG methodology, Contractor shall validate that the hospital's coding is in accordance with the current edition of the ICD-9-CM Coding Manual, Volumes 1 through 3 and the official version of the National Center for Health Statistics and CMS addenda, which update the ICD-9-CM Manual annually. This validation shall verify that:
  - the hospital reported the principal diagnosis and all relevant diagnoses that affected DRG assignment;
  - the Contractor's review indicates that the listed principal diagnosis is the actual diagnosis that resulted in the member's admission to the hospital;
  - the listed principal diagnosis matches the principal diagnosis entered by the physician in the member's medical record per 42 CFR 412.46;
  - the listed principal diagnosis is coded to the highest level of specificity; and
  - the hospital accurately reported all procedures affecting the DRG assignment;
5. Contractor shall conduct the annual medical necessity review component of the Payment Accuracy Measurement (PAM) project as outlined by CMS. The PAM reviews shall be performed on some of the sample listed in A.1 above in addition to the review shown above as 1 through 4.

## **C. Outpatient Observation Claims Analysis**

Within forty-five days of Receipt Date, Contractor shall review each admission using its best professional judgment based on CMS guidelines for qualifying observation services with the exception of diagnosis-related qualifiers. This first level review shall ensure that:

1. Observation care was billed hourly, for a minimum of eight hours, with no separate payment up to a maximum of 48 hours;

2. Observation time began at the clock time appearing on the nurse's observation admission note and ended at the clock time documented in the physician's discharge orders, or in the absence of such documented time, the clock time when the nurse or other appropriate person signed off on the physician's discharge order;
3. The member was under the care of a physician during the period of observation, as documented in the medical record by admission, discharge, and other appropriate progress notes, timed, written, and signed by the physician;
4. The medical record included documentation that the physician used risk stratification criteria to determine that the member would benefit from observation care; and
5. The hospital furnished certain other diagnostic services along with observation services to ensure that separate payment is made only for those members truly requiring observation care.
6. The review shall also identify:
  - medically unnecessary placement in observation;
  - medically unnecessary length of stay;
  - inappropriate billing of the level of care submitted on the claim; and
  - quality of care issues.

**D. Provider Denial and Reconsideration**

1. When the Contractor makes a finding according to 3.0 B or C above, Contractor shall notify the provider in writing within ten (10) days from the date of the finding and offer the provider an opportunity to submit additional documentation by a specified date according to OHCA rules. The Contractor shall make a final decision after the reviews below in D.2 within forty-five (45) days of receiving the documentation and shall issue a written determination to the provider with a copy to OHCA.
2. The Contractor shall provide up to three consecutive levels of review:
  - i. Review by a registered nurse to assess the quality of care received and medical necessity using a generic quality screen, including the issues identified and the physical or electronic signature of the reviewing nurse;
  - ii. Review by physician consultants or the same peer group as the physician being reviewed within sixty (60) days of Date; and
  - iii. On request of the provider due to reconsideration, review by physician consultant of like specialty of care.
3. If Contractor finds a confirmed quality issue, Contractor shall complete a provider profile for tracking and trending as described in Section 3.1.

**3.1 QUALITY INTERVENTIONS AND EDUCATION**

Section 3.1 is a peer review function to identify medical providers who have provided substandard care in SoonerCare Programs, educate these providers, and closely monitor their care delivery. The Contractor shall take a rigorous approach to Section 3.1 as directed by OHCA.

- A. Contractor shall use its best professional judgment to identify medical providers who have:
- provided substandard care;
  - committed Gross and Flagrant Violations with Serious Risk; and/or
  - presented with confirmed quality of care deficiencies.

B. Referrals from OHCA

Contractor shall accept referrals of medical providers from OHCA, and complete a review of these providers. Contractor shall complete this review within the following number of days from the time that the referral is received, provided that the referral includes necessary medical records:

- For referrals that include necessary medical records:
  - OHCA-designated expedited reviews: 15 days
  - Standard reviews: 30 days
- For referrals where Contractor must obtain the medical records:
  - OHCA-designated expedited reviews: 45 days
  - Standard reviews: 60 days

These deadlines may be extended by OHCA if Contractor informs OHCA that it is unable to obtain a matched specialty physician for review of the records.

C. Medical Intervention/Education Team

The Contractor shall establish and manage a Medical Intervention/Education Team (hereafter MIET) for each intervention with a provider that includes:

- the Contractor’s Medical Director or designated medical staff;
- at least one physician consultant that practices in an area of the same specialty as the provider being reviewed;
- at least one physician consultant that practices in the same area geographically as the provider being reviewed (this may be the same physician as above at Contractor’s option);
- appropriate Contractor staff representatives; and
- an OHCA-designated physician representative.

Other OHCA staff may serve as resources to the MIET. Contractor shall make its best effort to ensure that team members are objective regarding the provider being reviewed and are not in economic competition with him/her, nor have any financial interest in the provider’s practice or related institution being reviewed.

D. MIET Action on Confirmed Quality Issues

1. When Contractor identifies a medical provider with three (3) or more confirmed quality issues within a six (6) month period, or a single Gross and Flagrant or Serious Risk Violation, through Contractor reviews or OHCA referrals, Contractor shall present the provider’s case to the next regularly scheduled meeting of the MIET to:
  - Recommend appropriate action for Gross and Flagrant Violations and Serious Risk;
  - Determine whether or not further action is necessary for other issues within thirty (30) days following the identification of the third quality issue.
2. If MIET decides a meeting with the provider is necessary, Contractor shall send a written invitation to the provider requesting a meeting with MIET and make its best effort to telephone the provider in advance of the meeting to explain the process and discuss the provider’s desire for a meeting.
3. MIET shall discuss the cases(s) with the provider and provide education to the provider regarding the appropriate clinical action for each case.
4. If the MIET recommends a corrective action plan (hereafter “CAP”) and/or continuing education for the provider, the Contractor shall prepare an implementation timetable for the CAP and monitor the provider’s compliance with the CAP.
5. If Contractor and MIET decide a meeting is NOT necessary, Contractor shall work with MIET to determine and implement other actions, including developing a provider educational letter.
6. Contractor shall provide all intervention determined necessary by the Medical Clinical Coordinator or the MIET.

E. In conjunction with QA and OHCA Legal, Contractor shall follow Medicare protocol for the sanction of SoonerCare providers, should conditions outlined in D.3 warrant such action.

**3.2 QISMC Domains and Standards Review**

- A. Contractor shall support OHCA’s adoption of the Federal Government’s Quality Improvement System for Managed Care (hereafter QISMC) to monitor and assess the effectiveness and efficiency of care provided to the SoonerCare Choice population.
- B. Contractor shall perform a review of QISMC Domains and Standards for the SoonerCare Choice and Insure Oklahoma programs. OHCA and Contractor shall jointly determine the Domains and Standards to be reviewed based upon CMS guidelines, deemed elements and standards determined by OHCA, prior QISMC Reviews, and shall also establish the level of specificity of the review.
- C. Contractor shall perform this review based on the QISMC methodology review requirements.

- D. Contractor shall complete the review on the following timetable for each calendar year. Review format shall be developed by Contractor subject to OHCA approval.
- Review complete – May 15
  - Narrative review draft submitted to OHCA - May 31
  - OHCA comments on draft returned to Contractor – June 15
  - Final document review completed by Contractor – June 30 (a sample document is provided on the RFP Library.)

### **3.3 Quality Assessment and Performance Improvement Projects**

- A. Contractor shall develop and complete seven Quality Assessment and Performance Improvement (hereafter “QAPI”) projects each state fiscal year (July 1 through June 30) in collaboration with OHCA. Contractor shall develop the following:
1. A detailed analysis document (DAD) outlining the scope of work to complete each study (an example DAD is provided in the RFP Library);
  2. A database containing all relevant data collected to be shared with OHCA;
  3. A desktop procedure outlining how the data was collected, organized in the database, and analyzed to be shared with OHCA;
  4. A draft narrative report to be submitted for OHCA review; and
  5. A final narrative report to be submitted to OHCA (an example report is provided in the RFP Library).
- B. For each project requiring the review of medical records, Contractor shall request medical records from providers by certified mail and/or fax with a specified date for returning records to the Contractor. If records are not received by this date, Contractor shall make follow up telephone calls and shall document the date, time, person contacted, and action taken. If Contractor has difficulty obtaining records from a particular provider, Contractor shall contact OHCA’s Program Monitor.
- C. QAPI Project specifications will be supplied by OHCA each contract year; topics may change each contract year at the discretion of OHCA. QAPI Projects are as follows:
1. CHIPRA;
  2. Diabetes;
  3. Soon-To-Be Sooners;
  4. Behavioral Health;
  5. Emergency Room Utilization;
  6. Atypical Antipsychotic Drug; and
  7. SoonerPlan.

### **3.4 Member Satisfaction Surveys**

Contractor shall conduct SoonerCare member satisfaction surveys to assist OHCA in improving the delivery of managed care. Contractor shall:

- A. Conduct surveys according to the current Consumer Assessment of Health Plan Surveys (hereafter “CAHPS”) methodology for sampling and administration, using the CAHPS software package from the Agency for Health Research and Quality (AHRQ) to compile the data. OHCA shall supply this software package to Contractor at no charge and shall supply any needed support;
- B. Conduct an Experience of Care and Health Outcomes (ECHO) survey (the CAHPS survey of behavioral services) for children enrolled in the SoonerCare program, who have received behavioral health services as defined by the CAHPS specifications using the CAHPS methodology for sampling and administration;
- C. Determine survey samples according to the CAHPS methodology. Age criteria revolve annually, with one year focused on adults, and the next year focused on children. OHCA shall supply Contractor with necessary data to complete the sample selection based on Contractor’s specifications;
- D. Produce written survey instruments and mail it first-class to all members in the survey sample and mail a second survey instrument if the first is not returned within a reasonable time period. Contractor shall make up three phone attempts to reach households not responding to mailings. If contact is made, CAHPS survey methodology for

conducting phone outreach will be followed. Contractor shall conduct a third first-class mailing to all households that could not be reached by phone. If requested, the Spanish version of the CAHPS survey will be mailed to the requesting household;

- F. Develop report content and format subject to OHCA approval and include data from all survey types;
- G. Submit CAHPS data obtained through the surveys to the National CAHPS Benchmarking Database in accordance with NCBD guidelines and timeframes;
- H. Conduct a SoonerPlan satisfaction survey, and include the supplemental questions provided by OHCA. Other surveys may be performed by mutual agreement of Contractor and OHCA.
- I. Complete the surveys according to the following timetable:
  - Contractor receives data from OHCA – within 45 days of sending data request with survey specifications;
  - Draft report due to OHCA – April 1;
  - Comments from OHCA to Contractor – May 1; and
  - Final Report due to OHCA – May 15.

### **3.5 HEDIS**

Contractor shall develop up to sixteen (16) individual HEDIS measures based on administrative claims for the SoonerCare program annually. All HEDIS measures are developed according to the following timetable:

1. Guidelines for the next year's HEDIS measures are released by the National Committee for Quality Assurance (NCQA) by October 31 each year;
2. A detailed analysis document (DAD) is developed for each measure from November 1 to March 31 of the following year. The DAD outlines the scope of work to complete each measure (an example DAD is provided in the RFP Library);
3. Data processing begins April 1 to allow for sufficient claim lag, because the reports cover the previous calendar year;
4. Final reports for each of the measures due between April 1 and August 31 (an example report is provided in the RFP library).

### **3.6 Additional Reports**

Additional reports may be requested by OHCA as necessary, such as provider profiling. OHCA shall submit a task order to Contractor to propose a statement of work and a fixed number of hours required to complete the order. This statement of work and the numbers of hours shall be approved by OHCA before work begins.

### **3.7 Retrospective Review of Caesarean Section (C-Section) Deliveries**

OHCA has an ongoing effort to reduce the percentage of primary C-section deliveries. Beginning September 1, 2011 or anytime afterwards during the term of this Contract, OHCA may request that the Contractor review medical records of members who had C-section deliveries to determine that the C-section was medically necessary as defined in OHCA rules. OHCA shall give the Contractor 60 days notice before requiring that Contractor have the ability to perform these reviews. If OHCA requests such a review, OHCA will supply the medical record to the Contractor. Contractor shall complete the review within 3 days of receiving the records. OHCA estimates that the total number of reviews would be between 100 to 400 a month. If requested by OHCA, Contractor's staff shall serve as expert witnesses in administrative hearings or court proceedings related to these decisions.

### **3.8 Electronic Health Records**

Contractor shall perform medical record review with both traditional paper documentation and electronic health records.

### **3.9 Training**

OHCA will provide training to Contractor's supervisory staff in conjunction with the Project Director (see Section 10.1). The Contractor is responsible for developing a staff training program, and providing ongoing training to staff members. OHCA shall provide additional training throughout the term of this contract as needed. Contractor shall contact the OHCA PM (see Section 10.0) to schedule such requests for additional training.

## **SECTION 4 REPORTING REQUIREMENTS – EXTERNAL QUALITY REVIEW**

Contractor shall submit all reports to OHCA electronically and securely following HIPAA guidelines. Contractor shall review all reports and written material to ensure delivery of a professional and technically sound product prior to submitting to OHCA.

All monthly reports are due by the 15<sup>th</sup> day of the month following the month being reported on, unless specifically stated otherwise in the sections below.

### **4.0 Claims Selection Mismatch (as in 3.0A)**

Each month, Contractor shall provide OHCA with a list of the records excluded from the claims sample described in Section 3.0A due to an inability to match the sample record with the hospital medical record. (Using the established procedure of a match to 3 of 4 criteria: member ID, member, member name, and member date of birth. In the case of newborn members, three of four criteria may not be obtainable. The Contractor may use a combination of newborn and mother's information for confirmation.) This list will include the month the record was sampled, the date of exclusion determination, and all elements that do not match.

### **4.1 Retrospective Review (as in 3.0)**

#### **A. Mid-Month Report**

Contractor shall provide a Mid-Month Report, on the two weeks immediately proceeding, due the 15<sup>th</sup> of each month which documents the status of initial and second level reviews.

#### **B. Monthly Report**

Contractor shall provide a monthly report, due the 15<sup>th</sup> of each month, which will include the cases identified for recoupment and final determinations of quality cases. The Monthly Report shall separate the adult psychiatric population.

#### **C. Quarterly Report**

Contractor shall provide a quarterly report no later than October 30, January 31, April 30 and July 31. This report will include an analysis of any trends discovered in the review of all cases. The quarterly report shall separate the psychiatric reports and include an analysis of any trends in the review of that sub-population. The psychiatric reports shall be sent to OHCA Behavioral Health.

### **4.2 Quality Intervention and Education (as in 3.1)**

#### **A. Monthly Report**

Contractor shall provide a list of providers identified under Section 3.1 A and B including the following for each provider:

- The SoonerCare programs for which the provider is contracted;
- A summary of the quality issues;
- The status of cases referred to Contractor by OHCA;
- Findings or outcomes of the provider's MIET meeting or a notation that the provider has refused to participate in the MIET process;
- Status of any CAP; and
- Any other relevant information.

#### **B. Corrective Action Plan Reporting**

When a provider completes a CAP, Contractor shall mail reports to the attention of the OHCA Chief Medical Officer within two (2) business days of completion. The report shall show the date of completion, action taken, and the final determination of the Intervention/Education Team.

#### **C. Gross and Flagrant and Serious Risk Violation reporting**

1. When Contractor identifies a Gross and Flagrant or Serious Risk Violation, Contractor shall provide written notification (email acceptable) to the OHCA Chief Medical Officer as soon as possible, including the specifics

of the incident identified, provider information, and the date, time, and location of the scheduled MIET meeting.

2. For these Violations, written notification (email acceptable) shall be provided to the OHCA Chief Medical Officer documenting the outcome of the MIET meeting, any initial action taken, with continued notification of each follow-up action. The Contractor shall stop this regular notification only when the MIET has determined that the provider met all corrective requirements outlined in the CAP or has made a final determination on the Violation(s).

#### **4.3 QAPI Projects (as in 3.3)**

1. For each study requiring medical record review, Contractor shall provide a report of all providers from whom Contractor was unable to obtain records. The report shall include the date the record request was initiated, provider ID and name, contact method, address and/or fax number used when attempting to obtain records.
2. Contractor shall submit the work completed on QAPI projects quarterly. Contractor shall identify and discuss any concerns, data needs, or potential difficulty submitting the work to OHCA. Work shall be completed on the following timeline, and contain the following information for each project:
  - a. September 30 – a final detailed analysis document (DAD) for each project;
  - b. December 31 – a copy of the database containing all relevant data collected, a desktop procedure, and a summarization of any preliminary conclusions for each project;
  - c. March 31 – draft narrative projects; and
  - d. June 30 – Final QAPI projects received and accepted by OHCA.
3. OHCA shall provide comments on each submitted draft QAPI project to Contractor by April 30.

#### **4.4 HEDIS**

Contractor shall supply all sixteen (16) annual reports on the previous calendar year's administrative claims data. The reports are refreshed and updated on an annual basis and turned into the OHCA Program Monitor. Reports shall be completed on the following timeline, and contain the following information for each study:

1. March 31 – all final detailed analysis documents (DAD);
2. Beginning April 1, final reports for a minimum of two measures and a copy of the corresponding databases containing all relevant data collected shall be delivered to and accepted by OHCA every two weeks. All final reports shall be submitted to OHCA no later than August 31 each year.

#### **4.5 Reports Deliverable Matrix**

Within 30 days of award, Contractor will develop and submit to OHCA a "Reports Deliverable Matrix" showing all reports, frequency, and required delivery date. An example of this matrix can be found in the RFP Library. Contractor shall update this matrix as necessary based on any changes agreed upon with OHCA.

### **SECTION 5 STAFFING REQUIREMENTS – EXTERNAL QUALITY REVIEW**

Contractor shall use individuals trained in statistics to perform all data analysis, and technical writing to complete all written reports; proof of education is required.

#### **5.0 Retrospective Review (as in 3.0)**

A. Contractor shall use individuals trained and experienced in ICD-9-CM Hospital Inpatient coding to perform all retrospective reviews.

B. Contractor shall use a Registered Nurse to perform all generic quality screens.

C. Contractor shall propose a statistician who shall have day to day responsibility for supervising the quality analytics performance and obligations under this contract. The statistician must have previous experience in a variety of peer review and utilization review activities, preferably for a Medicaid program. In addition, the statistician must demonstrate an overall understanding of the technical requirements, professional clinical determinations, customer service, and quality

analytics requirements requested. In the event the proposed statistician does not meet the requirements of OHCA, Contractor shall collaborate with the OHCA staff to provide a candidate that is acceptable to both parties. Contractor shall not change its statistician without prior written approval from OHCA, and such approval shall not be unreasonably delayed or withheld.

D. Contractor shall use an individual adequately trained in technical writing to complete written reports.

E. Review of C-Section Deliveries (as in 3.7). Contractor may use Registered Nurses to complete the first level of this review. Contractor shall use board-certified obstetricians to make all denials of medical necessity and provide expert advice when RN reviewers have questions. OHCA may also choose to send a case directly to the obstetrician(s) for review. Contractor shall obtain written OHCA approval of the board-certified obstetrician(s) performing these reviews; such approval shall not be unreasonably delayed or withheld.

## **PART B - BEHAVIORAL HEALTH UTILIZATION REVIEW**

### **SECTION 6 SCOPE OF WORK**

#### **6.0 Rules and Procedure Development**

Contractor shall assist in the review, development, and implementation of rules and procedures for the administration of any activities in this Contract. Modifications may be implemented through out the term of the contract due to State, Federal, or Program modifications; Contractor agrees to make such modifications when mandated.

#### **6.1 Inspections of Care in Psychiatric Facilities and Therapeutic Foster Care Programs**

Contractor shall perform Inspections of Care (IOC) on all facilities providing inpatient acute care, residential, psychiatric treatment, facility based crisis stabilization, partial hospitalization, and Therapeutic Foster Care (TFC) and Residential Behavioral Management (RBMS) services to children enrolled in SoonerCare. OHCA shall supply Contractor with a list of designated facilities, and provide Contractor an updated list as necessary. Contractor will ensure maximum standardization and consistency regarding IOC completion.

A. Contractor shall develop, and revise as necessary, all forms and instruments to be used during inspections; OHCA shall approve the documents. The instruments used shall include a rating system to give providers information to set and meet quality improvement goals, and compare their performance to facilities across the state.

#### **B. Onsite Inspection**

Contractor shall use a Healthcare Professional Team (see 8.0) to perform onsite inspections of all facilities that have had active SoonerCare cases within the past year. Notice of inspection shall be provided to TFC facilities twenty-four (24) hours in advance; all other facilities shall not receive prior notice of inspection. Contractor shall:

1. Review the facility accreditation certification to ensure it is current and in compliance with accreditation mandates; such as The Joint Commission, American Osteopathic Association (AOA), or the Commission on Accreditation for Rehabilitative Facilities (CARF) or the Council on Accreditation (COA) for Residential Treatment Centers;
2. Review safety and adequacy of the facility and therapeutic environment;
3. Evaluate the appropriateness of staffing patterns, and adherence to staff credential policies according to OHCA rules;
4. Review certain hospital policies for completeness, appropriate use and follow-up by staff; including grievance, confidentiality, patient rights, seclusion and restraint, staff training, documentation guidelines, staffing ratios, variances, medication management, treatment modifications of MR/DD/physical disabled, and family transportation assistance policy and procedure;
5. Evaluate the appropriateness of treatment provided for members with intellectual disabilities, developmental disabilities, or medical conditions;

6. Evaluate crisis intervention services relative to any psychiatric admission originating from TFC;
7. Evaluate seclusion and incident reports, and any sentinel events, such as suicides on unit or other deaths;
8. Perform chart reviews, with traditional paper documentation and electronic health records, as follows:
  - Evaluate if appropriate documentation has been used for the following items: individualized assessments, treatment planning, treatment services including physician care and medication practices, family involvement in care and therapy, and discharge planning. Should documentation be incomplete or missing, Contractor shall prepare a “missing records” document for both parties to sign, date, and retain copies in permanent files.
  - Chart review shall be conducted on no less than three-percent (3%) of the number of SoonerCare admits in the past 12 months, or since the last audit, with a minimum of three and a maximum of ten chart reviews for each unit. If there are no active cases within the last year, an inspection will not be conducted.
  - OHCA Behavioral Health Unit shall be immediately notified should any facility refuse Contractor access to SoonerCare records.

#### C. Inspection of Care Reviews in Consecutive Contract Years

For each facility inspected in consecutive contract years, a comparison of the current IOC inspection with the prior year inspection will be completed to determine trends. Contractor shall inspect facilities on corrective action plans in the prior contract year with specific focus on the corrective action plan guidelines.

#### D. Inspection of Care Results

Contractor shall:

1. Perform exit interviews with providers to review the results of the onsite inspection;
2. Determine penalties to be imposed on providers following approved schedule;
3. Provide an Inspection Report to the provider, report described in section 7.0;
4. Request facilities to develop CAPs when appropriate; and
5. Make a recommendation for additional action to the OHCA Quality Assurance unit for facilities with second year IOCs with poor outcomes or repeated corrective action plans for continued issues.

#### E. Ad Hoc Inspections

At the request of OHCA, Contractor shall conduct ad hoc inspections at facilities believed to require additional inspection. Each contract year, as many ad hoc inspections may be requested for in-state facilities as needed, but a maximum of three (3) ad hoc inspections shall be requested for out-of-state facilities. Ad hoc inspections shall be performed as described below; Contractor shall:

- Perform a partial or full inspection as directed by OHCA.
- Review a minimum of five (5) and a maximum of (10) charts per level of care.
- Use a Healthcare Professionals Team, as described in section 8.0, shall conduct the inspection. At OHCA’s discretion, representative(s) from OHCA, OKDHS, OCCY and/or other parties with fiscal or legislatively mandated interest may accompany the Contractor team during the inspection.
- Focus on identified issues as directed by OHCA.
- Perform within 14 calendar days of the OHCA review request.

#### F. Provider Education

Contractor shall offer webinar trainings and an annual Behavioral Health Provider training in collaboration with OHCA Behavioral Health staff.

G. Inspections of Care will be performed on both in-state/Border and out-of-state facilities. To evaluate the price per Inspection of Care, a list of facilities is provided as Attachment A.

## 6.2 Prior Authorization of Behavioral Health Services

A. Contractor shall authorize behavioral health services for OHCA based on administrative rules, the OHCA Behavioral Health Provider Manual, and member and provider eligibility. Data captured in the prior authorization (PA) process are provided in a document on the RFP library. Contractor shall authorize the following services:

- Outpatient behavioral health services, case management, and LBHP services;
- Inpatient behavioral health services, including children's Acute and PRTF inpatient psychiatric (hereafter referred to as inpatient authorizations), children's therapeutic foster care, facility based crisis stabilization, and Partial Hospitalization Program.

### B. Prior Authorization (PA) Process Overview

Contractor shall authorize and coordinate behavioral health services for members as detailed in Section 6.2. At this time, OHCA anticipates that the Contractor will authorize and coordinate services for a universe of about 700,000 members. This includes members in the SoonerCare Traditional and Choice programs, members in the Insure Oklahoma Individual Plan, and members who are dually eligible for Medicare and Medicaid who are only enrolled in Medicare Part A. OHCA, at its option, may also include an additional group of members that receive services from ODMHSAS, with an estimated 30,000 members. Changes in federal laws including the Affordable Care Act may cause an increase in members in OHCA programs. OHCA anticipates that the current law will add approximately 250,000 members to the Contractor's program in 2014. OHCA may, at its sole option, add or eliminate groups of members from the Contractor's program, including the elimination of all members in this program. OHCA shall provide the Contractor 60 days notice before adding or subtracting a significant number of members from the Contractor's program. Additional information about historical membership in OHCA benefit plans, service utilization, and authorizations issued and extended can be found in the RFP Library.

Contractor shall:

1. Educate providers about the service authorization processes and criteria via telephone, meetings, mailings, and other written information as necessary;
2. Offer providers at least the following means of submitting PA requests: via the Contractor's web site, by phone, or by facsimile. The Contractor may propose other methods in addition;
3. Have a process of notifying providers of missing information, pending requests while additional information is being sought, and closing requests if information is not received within 10 days of the request;
4. Verify the eligibility of the member and the provider for the program and service being requested;
5. Make a clinical determination based on OHCA's approved medical necessity criteria;
6. Have a process for non-physician reviewers to refer a request to a physician for review if necessary;
7. Ensure that only physicians make denials for medical necessity;
8. Authorize services following the guidelines in the OHCA Behavioral Health Provider Manual;
9. Enter the results of the authorization request in OHCA's Medicaid Management Information System (MMIS), by file transfer or manually, using OHCA's approved format. An example report is provided in the RFP Library on the OHCA website;
10. Answer inquiry emails/calls from members about the results of the authorization request. Calls may be transferred to Contractor from the SoonerCare Helpline; and
11. Utilize a Care Coordination Team approach to authorizations which includes:
  1. Working with OHCA Care Coordination staff, other state agencies, and provider agencies to:
    - i. keep SoonerCare members in the least restrictive treatment environment;
    - ii. decrease inpatient and residential lengths of stay; and
    - iii. decrease the length of time for member's first appointment in community based services post discharge of inpatient and residential level of care.
  2. Attending OHCA care coordination meetings;
  3. Maintaining cross-trained Coordination Reviewer Teams to track a member across all levels of care;
  4. Developing internal care coordination procedure guidelines in cooperation with OHCA; and
  5. Document care coordination activities in Atlantes, the HP Enterprise Services web based application to document care management activities.

### C. Program Recommendations

Contractor shall be responsible for reviewing behavioral health utilization data and monitoring trends in the industry, including changes in nationally accepted clinical guidelines, in order to make recommendations in the following areas:

- Utilization controls on routinely used behavioral health services;
- New and existing claims edits; and
- Evidenced based practice and best practice methodologies for specified diagnostic and population categories.

### D. Clinical Data Collection

Contractor shall accept, collect, and analyze clinical and client data from behavioral health providers as part of the authorization process. Contractor shall collect the following:

#### 1. Provider Quality Improvement

Identify patterns of clinical outcomes per provider/agency for provider profiling and technical assistance efforts to improve outcomes for SoonerCare members.

#### 2. Customer Data Core

The Customer Data Core (CDC) is a multi-purpose form that records pre-admissions, admissions, changes in treatment, level of care, and discharges. The CDC collects sociodemographic information about the customer in addition to diagnostic information. The CDC data are utilized for a multitude of purposes, e.g., linkage of services throughout facilities statewide, identification of target groups being served, recording history of drug use or identifying persons with serious mental illness being served. An example CDC Manual is provided in the RFP Library.

#### 3. Outcomes Informed Care (optional)

Contractor shall accept, collect, and analyze client rankings of provider services for provider profiling and technical assistance in efforts to improve outcomes for SoonerCare members.

### E. Outpatient Services

Contractor shall:

1. Determine the level of care and appropriate treatment modalities through use of the Client Assessment Record (hereinafter C.A.R.); Addiction Severity Index (A.S.I hereinafter); T-ASI (teen version); LOCUS/CALOCUS or other approved appropriate assessment tool; the DSM-IV diagnoses; the current treatment regimen and the noted improvement or relapse of condition; patient history and/or current symptomatology, all above specified by OHCA.
2. Process requests for extensions or additional services requiring prior authorization for members with an existing PA only if there is less than fifteen days remaining on the existing PA; otherwise, the request shall be denied and returned to the provider with an explanation;
3. Modify authorizations if requested when a member is better suited to a different array of services than previously authorized; in this case, the PA start date will be the date the modification request is received, and the end date will remain the same as the original PA;
4. Perform updates to existing PAs in cases such as provider mergers, provider number changes, etc.
5. For approved requests, generate a member and provider site-specific authorization number for each request associated with from/through dates by service and month to indicate the length of service being authorized; and,
6. Letters of Collaboration that are in conflict will be negotiated by the Contractor.
7. Comply with the following timeframes:
  - Requests for PAs must be approved, denied, or additional information requested within one (1) hour for expedited requests and within five (5) business days for routine requests;
  - Approve or deny PAs within three (3) business days of receiving submissions of new information or corrections; the PA date shall be the original date of submission; and,
  - If the provider does not submit additional information within fifteen (15) calendar days of the request for additional information, Contractor shall deny the request;

## F. Inpatient Services

Contractor shall:

1. For inpatient acute psychiatric care, inpatient residential treatment, therapeutic foster care or facility-based crisis stabilization requests, use a licensed behavioral health professional (LBHP), as defined in 8.1.B to conduct a telephone evaluation of each SoonerCare eligible child to determine medical necessity of the requested service. A telephonic review is also required for partial hospitalization requests for members whose length of stay exceed 90 days. For acute care, if the service is medically necessary, the Contractor shall issue one PA for the hospital and one for the physician stating the number of days permitted for the care, the hospital, and the physician's services.
2. Inpatient prior authorization functions as a Certificate of Need pursuant to 42 CFR 441.152. The Certificate of Need shall certify the following:
  - a. Ambulatory care resources in the community do not meet the needs of the child;
  - b. Inpatient treatment under the direction of a physician is needed; and
  - c. The services can reasonably be expected to improve the child's condition or prevent further regression so that services will no longer be needed.
  - d. The CON must be documented in compliance with CMS requirements identifying the members of the certifying team and their credentials.
3. Authorization requests shall be processed as follows:
  - a. A LBHP shall provide telephonic care management through the child's hospital stay and any re-admission. The care management would detail the pertinent clinical information for each child with an approved PA.
  - b. A LBHP shall determine whether such an extension is medically necessary. If the extension is medically necessary, Contractor shall issue a PA, which shall include the number of days permitted for the extension of treatment.
  - c. To determine medical necessity, the LBHP shall request additional information from provider, if necessary. The LBHP will allow 24 hours for the provider to submit additional clinical information.
  - d. A LBHP shall refer any request they feel does not meet medical necessity criteria to a physician consultant. The physician consultant shall review the request and make a final determination; the final determination may be to issue a PA, a PA modification or a denied determination. The LBHP will notify the provider when a PA request is denied. The notification will include the availability of a telephonic physician to physician consultant review. The physician to physician consultant review shall be completed within twenty-four (24) hours of the denial if requested by the provider. The outcome of the physician to physician consultant review will be considered final.
  - e. The LBHP shall refer PA requests to a clinical consultant should medical necessity be undeterminable based upon the information provided
  - f. When a child is in acute care for over ten (10) days, standard residential treatment for over one (1) month, in specialized residential treatment for over three (3) months, or therapeutic foster care for over six (6) months, a review will be performed by the Behavioral Health Manager, or an identified Contractor review coordinator in collaboration with a physician consultant and must be documented in the members PA record accessible to OHCA Behavioral Health staff. Purpose of the review is to confirm medical necessity criteria was met, assure child is in least restrictive environment, and needs cannot be met at a lesser level of care.
  - g. Assist OHCA to determine the need for particular children to be admitted in out-of-state Acute and Residential Treatment Services (RTC) placements (both custody and non-custody children) as follows:
    - i. Contractor will collect the information needed to determine if the client needs an out-of-state placement from the current treatment providers;
    - ii. Contractor will staff the client's case with an OHCA representative who will approve payment for the out-of-state placement.
    - iii. Contractor will provide care coordination for children placed out of state, including: reviewing and assessing provider's discharge plan, and communicating with parent/guardian or DHS/OJA

caseworker on the discharge plan/status of the children. Contractor will work with provider and/or guardian to ensure appropriate referrals to a lower level of care.

iv. Contractor shall authorize one-to-one care for children placed in RTC as needed.

4. Comply with the following timeframes

- a. Requests for acute and facility based crisis stabilization PAs must be approved, denied or additional information requested on the same day as the request.
- b. Requests for RTC and TFC PAs must be approved, denied or additional information requested by the close of business on the following business day.
- c. Approve or deny PAs within 24 hours when referred to a physician consultant.
- d. Approve or deny PAs by the close of business on the following business day of receiving submissions of new or additional information requested.

G. Internal Quality Control Measures

Contractor shall:

1. Develop and maintain an internal quality control system regarding all PA decisions supervised by the Behavioral Health Manager;
2. Use the system to assess a number of cases regarding the level of care coordination needed, and whether the reviews were performed on the case in order to authorize the lowest level of care possible;
3. Audit each review coordinator monthly on a minimum of five (5) PA requests each for outpatient and inpatient services processed in the prior month
4. Have the Behavioral Health Manager or another appropriate trained senior review coordinator audit each case for the appropriateness of the decision in accordance with paragraphs E or F above; if inappropriate decisions are found by Contractor, the designated personnel shall provide training and education to review coordinators concerning the clinical area of concern;
5. Develop and implement an ongoing process of assessing, evaluating, and improving inter-rater reliability for the purpose of achieving maximum consistency of reviewer decisions.

H. Psychiatric Consultation Services

Contractor shall:

1. Provide brief, informal telephonic psychiatric consultation by psychiatrists (see 8.1.B.2) to SoonerCare PCPs, OKDHS District Supervisors for children in custody, and Judges involved in decisions about SoonerCare children. The psychiatrists shall consult to determine the appropriateness of inpatient and outpatient behavioral health services, medications, and other treatment options as deemed necessary.
2. Provide authorizations for atypical antipsychotics in SoonerCare members under age five (5). Psychiatrists will review the clinical information submitted by the PCP for medical necessity and compliance with OHCA pharmacy programs.
3. OHCA will identify PCPs who are prescribing psychotropic medications in non standard-of-care patterns. Contractor provided psychiatrists will conduct outbound calls to the identified PCPs in order to provide education on medications, treatment options, and standards-of-care. The psychiatrists will be available for SoonerCare PCPs a minimum of four (4) to ten (10) hours per week during regular business hours.

I. Provider Education

Contractor shall:

1. Provide prior authorization education to OHCA contracted behavioral health providers, OKDHS District Supervisors, and behavioral health Agency staff through meetings, mailings, and other written communication as necessary.
2. Offer an annual Behavioral Health Provider training in collaboration with OHCA Behavioral Health staff;
3. Provide inpatient SoonerCare behavioral health providers a minimum of four (4) training sessions via face-to-face or teleconference sessions;
4. Provide outpatient SoonerCare behavioral health providers training sessions as needed via face-to-face or teleconference sessions;

5. Post scheduled trainings on the Contractor's website, and notify providers by email or mail; and
6. Develop and distribute monthly provider newsletters (an example is provided on the RFP library), and post information on Contractor's website to educate providers about the PA process as needed.

### **6.3 Optional Medical Risk Management Program**

Responding or not responding to this section will not affect any bidder's evaluation or chance of being awarded the Contract.

1. Contractor shall conduct a Medical Risk Management (MRM) Program to help improve health care coordination for children enrolled in SoonerCare who have both physical and mental health conditions, and receive care from multiple physicians. Contractor shall conduct the following activities:
  - a. Select a sample of 600 SoonerCare members who meet the following specifications:
    - Are not enrolled in any special outreach program offered by OHCA; such as the Health Management Program; and
    - Have both a behavioral and physical diagnosis within the most recent six (6) month period.
  - b. Prepare a report as described in section 7.2.1.
2. Contractor shall conduct annual prescriber profiling to identify the top 500 providers who prescribe behavioral health medications.
  - a. Retrospective claim review will be conducted on the behavioral health medications prescribed by these providers to determine the appropriateness of the following:
    - Dose;
    - Frequency;
    - Combination therapy; and
    - Health monitoring (laboratory claims).
  - b. Contractor shall distribute a form letter, approved by OHCA, to each provider describing trends identified as a result of the review. Each provider letter shall include how the provider ranks when compared to their peers in the following areas:
    - Prescriptions per member;
    - Prescriptions per category;
    - Duplicate therapy;
    - Cost per patient;
    - Cost per prescription; and
    - Poly-pharmacy.
  - c. Contractor shall provide individual face-to-face training about appropriate therapy and monitoring to the top twenty-five (25) non-psychiatrist providers, selected from the top 500 prescribing providers.

### **6.4 Training**

OHCA will provide training to Contractor's supervisory staff in conjunction with the Project Director (see Section 10.1). The Contractor is responsible for developing a staff training program, and providing ongoing training to staff members. OHCA shall provide additional training throughout the term of this contract as needed. Contractor shall contact the OHCA PM (see Section 10.0) to schedule such requests for additional training.

## **SECTION 7 REPORTING REQUIREMENTS – BEHAVIORAL HEALTH**

Contractor shall submit all reports to OHCA electronically and securely following HIPAA guidelines. Contractor shall review all reports and written material to ensure delivery of a professional and technically sound product prior to submitting to OHCA.

Monthly reports shall be completed and received by the OHCA Director of Behavioral Health Services no later than the 15<sup>th</sup> of the following month. Quarterly data reports will be completed as agreed upon by both parties, and will be submitted October 15<sup>th</sup>, January 15<sup>th</sup>, March 15<sup>th</sup>, and July 15<sup>th</sup> unless otherwise specified. The different reports can be

modified or changed at anytime throughout the year to better meet OHCA's needs for behavioral health information. OHCA may request revisions to the format if additional data is required.

## **7.0 Inspections of Care in Psychiatric Facilities and Therapeutic Foster Care Programs**

1. Contractor shall report facilities whose environment, treatment, or practices are placing a child at risk of physical or emotional injury to the OHCA Program Monitor according to the following schedule:
  - By telephone within twenty-four (24) hours of the inspection;
  - Provide a written report within four (4) calendar days of the inspection; and
  - Schedule a follow-up meeting with the OHCA Program Monitor within 7 days of the inspection.
  - An Inspection Report, detailing any applicable penalties and findings from corrective action plans, will be delivered to the Provider by Certified Mail within twenty (20) calendar days of the completed inspection. If more than one facility is inspected within the same calendar week, the twenty (20) days will begin after the last facility inspection is completed.
  - The Provider shall have ten (10) calendar days from the date they receive the Inspection Report to appeal.
  - Contractor shall review all appeals, and deliver a final Inspection Report to the provider by Certified Mail within twenty (20) calendar days of the receipt of the appeal.
2. Final Report Schedule
  - For a review with no problems/discrepancies found, Contractor will deliver the Final Decision Report to OHCA Behavioral Health Director within thirty (30) calendar days of the exit interview. A separate report will be submitted for each level of care (acute and RTC) and contain a final report letter.
  - For a review with problems identified, Contractor will deliver the Final Decision Report to OHCA Behavioral Health Director within thirty (30) calendar days of the exit interview, or thirty (30) calendar days from the date a final decision was made on a provider appeal. A separate report will be submitted for each level of care (acute and RTC) and contain a final report letter with the recoupment recommendation included.
  - A Quarterly Comparative Analysis Report.
  - Contractor shall send a copy of the Final Decision Report to OKDHS Children & Family Services Residential & Placement Services Program Manager, OKDHS Child Care Licensing Program Manager, and the OJA Juvenile Division Director.
  - Contractor shall send a copy of the Final Decision Report to the accrediting organization whether it is The Joint Commission, CARF, or other OHCA approved accrediting entity.
3. Reports shall contain the following items:
  - Facility name;
  - IOC Review Team members; and,
  - All completed forms and instruments; including all documentation of observations resulting from the inspection.
5. Contractor shall send recommendations for additional action for facilities with second year IOCs with poor outcomes, or repeated corrective action plans for continued issues in the Final Report sent to the OHCA Quality Assurance and Behavioral Health units.

## **7.1 Prior Authorization of Behavioral Health Services**

Contractor shall discuss and resolve any problems or concerns relating to PA services. Example reports are provided on the RFP Library. Contractor may propose the report format.

### **A. Internal Quality Control Measures**

- Contractor shall complete a monthly report regarding the review coordinator audit. Each report will detail the outlier reviewer(s), the corrective action plan, and measurable outcomes until the desired level of competency has been achieved or the employee is no longer employed by the Contractor.
- Contractor shall complete a report of the inter-rater reliability.

#### B. Clinical Data Collection (6.2.D)

1. Contractor shall complete an annual quality improvement report. Each report will detail patterns of clinical outcomes per provider/agency.
2. Contractor shall complete an annual Customer Data Core (CDC) report.

#### C. Prior Authorizations: Outpatient and Inpatient

Contractor shall provide two sets of reports to OHCA regarding the activities described herein:

1. A monthly report of Outpatient PA information shall contain the following components:
  - Type of PA requests, such as outpatient, case management, LBHP, or therapeutic foster care;
  - Number of all PA requests made during the calendar month;
  - Number of all PA requests approved, modified, and denied (not including reconsiderations);
  - Average response time of all "PA" decisions (not including reconsiderations);
  - All cases categorized by level of care; and
  - Provider report including the number of units of each type of service requested and authorized and denied by level of care.
2. A monthly report of Inpatient PA information shall contain the components described above in 7.1.C.1 and the following components:
  - Average length of stay by diagnosis;
  - Length of stay by member and include diagnosis;
  - Number of denials by level of care, and what level of care the patient met criteria for and was approved for;
  - Number of authorizations by diagnosis;
  - Number of days decrease in PRTF length of stay for children, the difference between the number of days that were requested and the number of days that were actually approved in the PA.
3. Contractor shall collect and record specified data elements (elements to be determined by OHCA) to generate the following reports:
  - Contractor shall send a table/data extract (format to be determined) with specified data fields to OHCA on a monthly basis.
  - Contractor agrees to provide data extracts for OHCA upon request and in mutually agreed timeframes. These data extracts have been utilized in the past for determining problematic prior-authorization request patterns by providers, level of care changes, reviewer decision patterns, etc. In addition, the data requested may include analysis of authorizations over time for various member sub-groups.
4. Contractor shall provide a quarterly Therapeutic Foster Care data extract report. Contractor shall collaborate with OHCA to determine report content and format.
5. Contractor shall provide a monthly report of children to be admitted in out-of-state Acute and RTC placements (both custody and non-custody children).
6. Contractor will provide a monthly report of children prior authorized for one-to-one care.
7. Contractor shall maintain a database of case management providers, the geographical location of coverage, and update the database periodically to maintain a current provider directory.

#### D. Psychiatric Consultation Services

Contractor shall provide two sets of monthly reports to OHCA containing the following components:

- Number of phone calls received;
- Type of PA requests, such as ADHD or anti-psychotic;
- Number of all PA requests made during the calendar month;
- Number of all PA requests approved, modified, and denied; and
- Average response time of all PA decisions.

## **7.2 Optional Medical Risk Management Program**

### **A. Medical Risk Management (MRM) Program Report**

1. Contractor shall submit a report to each identified member's most recently visited primary care provider, and the most frequently visited behavioral health provider. The report shall include all encounters with the health care system within the six (6) month timeframe, including the following services:
  - Counseling;
  - Group therapy;
  - Inpatient (behavioral or physical) hospitalization;
  - Pharmacy;
  - Outpatient services;
  - Physician; and
  - Emergency department.
2. Submit a report to OHCA of each of the 600 members' names, and all providers associated with each member in the six (6) month timeframe.

### **B. Annual Retrospective Claim Review Report**

1. Create and maintain a database containing the prescribers, and all data collected to complete the reviews.
2. Submit an annual report to OHCA, by June 15th each year, of the names of all providers who received a letter and the 25 providers who received face-to-face training.

## **7.4 Reports Deliverable Matrix**

Within 30 days of award, Contractor will develop and submit to OHCA a "Reports Deliverable Matrix" showing all reports, frequency, and required delivery date. An example of this matrix can be found in the RFP Library. Contractor shall update this matrix as necessary based on any changes agreed upon with OHCA.

## **SECTION 8 STAFFING REQUIREMENTS – BEHAVIORAL HEALTH**

### **8.0 Inspections of Care in Psychiatric Facilities**

To create the Healthcare Professionals Team, Contractor shall use licensed professionals with at least three years of psychiatric clinical experience, two of which must be in inpatient psychiatric services to children. The licensed professions are as follows:

- Marriage and Family Therapist;
- Social Worker (with clinical specialty);
- Behavioral Health Practitioner;
- Professional Counselor: and / or
- Register Nurse with a psychiatric specialty

Exceptions may be approved by the Program Monitor (see Section 10.0).

### **8.1 Prior Authorization**

#### **A. Outpatient Prior Authorization**

Contractor agrees to hire an appropriate number of professionals including: Review Coordinators (1 reviewer to 80,000 SoonerCare/Insure Oklahoma members based off of the monthly fast facts), Program Managers, Clinical Consultants, and Support Staff to timely handle the requests received by Contractor. Contractor agrees that licensed staff shall maintain an active license, and the educational qualifications of the professionals shall be as follows:

1. Contractor agrees that team members or review coordinators shall be either a:
  - Licensed Professional Counselor with three or more years of clinical experience;
  - Licensed Marital & Family Therapist with three or more years of clinical experience;
  - Licensed Social Worker with a clinical specialty with three or more years of clinical experience;

- Licensed Behavioral Health Practitioner with three or more years of clinical experience; or
  - Licensed Alcohol and Drug Counselor with three or more years of clinical experience.
2. Contractor agrees that the Behavioral Health manager will be a licensed individual(s), as described in 8.1.A.1 above, with at least five (5) years of experience in the Behavioral health field, has familiarity with the PA process and requirements, supervisory experience and extensive skills in working with the public.
  3. Contractor agrees that Clinical Consultant(s) will be in one of the following categories:
    - a Board Certified Licensed Psychiatrist;
    - a Licensed Behavioral Health Professional (LBHP);
    - a Licensed Psychopharmacologist;
    - the Behavioral Health Manager; or
    - a Behavioral Health Review Coordinator.
  4. Contractor shall use licensed master’s level clinicians to prior authorize case management services.

**B. Inpatient Prior Authorization**

1. Contractor shall use licensed behavioral health professionals (LBHP) with at least three years of psychiatric clinical experience, two of which must be in inpatient psychiatric services to children. Contractor agrees that licensed staff shall maintain an active license. The licensed professions are as follows:
  - a. Marriage and Family Therapist;
  - b. Social Worker (with clinical specialty);
  - c. Behavioral Practitioner; and/or
  - d. Professional Counselor.
2. Contractor shall provide three (3) board certified child psychiatrists for the purpose of providing telephonic psychiatric consultations, and prior authorization of ADHD and antipsychotic medications.

Exceptions may be approved by the Program Monitor.

**8.2 Optional Quality of Care Functions**

Contractor shall use licensed professionals to perform the retrospective claim review. The professions are as follows:

- Pharmacist;
- Psychiatrist;
- ARNP with behavioral health specialty; or
- PA with behavioral health specialty.

**SECTION 9 SYSTEM REQUIREMENTS**

**9.0 Web Interface**

Contractor must operate a web interface to receive and process PA requests, handle provider inquiries, publish the coverage criteria, and provide educational material to providers. The interface must be available 24 hours a day, seven days a week including Holidays unless down for maintenance at day/times pre-approved by OHCA, and with proper notice to providers.

**9.1 Connectivity with MMIS**

Contractor shall provide its own hardware, software, and information technology support services necessary to meet the infrastructure requirements for accessing the Medicaid Management Information System (MMIS) production environment and/or other MMIS applications and/or the MMIS test environment as detailed below:

A. Connection Options – Contractor shall use one of the following:

1. Leased line from Contractor to OHCA’s fiscal agent with an Ethernet or Fast Ethernet handoff; or
2. VPN (virtual private network) connection across the internet to OHCA’s fiscal agent with high speed internet access and as well as a device capable of establishing a VPN tunnel with OHCA’s fiscal agent’s hardware.

B. Transmission – Contractor shall encrypt all connections with OHCA’s fiscal agent utilizing all of the following minimum standards:

1. 3-DES (data encryption standard) encryption
2. Group 2 Diffie-Hellman
3. MD5 (message-digest algorithm 5) Hash
4. ESP (encapsulated security payload) Protocol

C. Authentication - Contractor shall establish a one-way Microsoft Active Directory trust with OHCA’s fiscal agent in which the fiscal agent will trust the Contractor with one of the following to ensure that Domain controllers and DNS (domain name system) servers on both networks communicate properly:

1. Either servers with publicly registered IP (internet protocol) addresses or
2. Servers with private IP addresses which requires the following:
  - a. Static NAT (network address translation) for each Domain Controller and DNS server (IP range to be assigned by OHCA’s fiscal agent).
  - b. A manually configured DNS Zone with all DNS servers and Domain controllers only on the Contractor’s network. This zone shall be manually set to reflect the Static NAT addresses of each of the servers.
3. Once an acceptable DNS Zone is established for the trust, OHCA’s fiscal agent and the Contractor shall exchange DNS records. Contractor shall update and exchange DNS records if additional Domain Controllers are added to the Contractor’s network.

D. Contractor shall:

1. Submit requests for employee passwords for the MMIS as needed;
2. Train appropriate staff to use the MMIS as needed;
3. Notify OHCA when an issued password is no longer needed due to termination of employment or change in duties within five (5) business days;
4. Ensure that its employees are informed of importance of system security and confidentiality including HIPAA; and
5. Document and notify OHCA of system problems to include type of problem, action(s) taken by Contractor to resolve problem and length of system down-time within eight (8) hours of problem identification.

## **9.2 Prior Authorization System**

Whether Contractor maintains its own system and/or works directly in the MMIS, Contractor must always verify member and provider eligibility. If Contractor maintains its own system for prior authorizations, Contractor must download data from the MMIS on a daily basis.

## **9.3 Electronic Data**

The Contractor agrees to make data available by electronic means for OHCA auditing purposes. If Contractor maintains separate databases, Contractor agrees to allow OHCA access to such databases.

## **9.4 Email Systems**

The Contractor shall provide encrypted email communication when protected health information (PHI) is transmitted to OHCA.

### **9.5 ICD-9 and ICD-10**

Contractor shall adopt ICD-10 when OHCA does, currently estimated at 10/1/2013, in a manner consistent with OHCA's interpretation of the ICD-10 codes. All references to ICD-9 change to ICD-10 when OHCA transitions to ICD-10 codes.

### **9.6 Electronic Data Interface for Behavioral Health Utilization Management**

Contractor shall provide an EDI process for exchange of batch uploads and downloads of authorization request and QIO response file data, Customer Data Core outcomes data, and provider and member eligibility data with OHCA's MMIS and Provider/Vendor electronic systems. Manual entry is allowed as specified in the scope of work.

## **SECTION 10 CONTRACT ADMINISTRATION AND MANAGEMENT**

### **10.0 Program Monitor**

OHCA shall designate a Program Monitor (PM) for each Part A – External Quality Review or Part B – Behavioral Health Utilization Management, to coordinate activities, resolve questions, document and monitor the selected Contractor's performance, and be the Contractor's primary liaison in working with other OHCA staff. The PM will initially receive and review all progress reports and deliverables, oversee scheduling of meetings with OHCA staff, and maintain first-line administrative responsibility for the Contract. The PM shall monitor, document, and evaluate the work performance of the Contractor(s), accept deliverables, and authorize the payment for services rendered.

### **10.1 Project Director**

Contractor shall designate a Project Director (PD), subject to OHCA approval, who shall have day to day responsibility for supervising the performance and obligations under this RFP. The selected PD will work closely with and will receive policy direction from the OHCA PM. Should Contractor provide both the Part A – External Quality Review and Part B – Behavioral Health Utilization Management, a separate PD shall be provided for each service.

## **SECTION 11 OPERATIONAL REQUIREMENTS**

Contractor must establish a local office for operations within 10 miles of the Oklahoma State Capital Building. The Project Director (see Section 10.1) must be located in the local office.

## **SECTION 12 CONTRACT COMPLIANCE AND PENALTIES**

Substantial elements of this contract are performance-based and require the Contractor to meet specific standards or metrics. The Contractor's performance may be assessed by such means as written reports, oral communication, onsite visits, audit, and data analysis.

OHCA and Contractor shall establish performance standards for this contract based on Contractor's proposal and OHCA needs. If Contractor fails to meet these standards or fails to meet any other contract requirements, OHCA will contact Contractor to discuss the issues. OHCA may request the Contractor to prepare and submit for approval a CAP for identified issues.

The CAP shall clearly specify which paragraphs in the contract describe the affected work, the performance deficiencies, and identify specific actions to be performed by the Contractor to correct the performance. Contractor shall implement the CAP within the time frame specified by OHCA.

Failure to resolve the issue may result in additional action by the OHCA, including withholding or reduction of Contractor reimbursement or contract action, up to and including termination.

## **SECTION 13. TURNOVER PLAN**

### **13.0 Turnover Planning**

Six months prior to the conclusion of the contract, the Contractor shall provide, at no extra charge, assistance in turning over the operations to OHCA or its agent. The Contractor shall provide a Turnover Plan which includes, but is not limited to, the following:

- Proposed approach to turnover;
- Identification of documentation and State-owned equipment/furnishings;
- Identification of documentation in Contractor's possession that is critical to the operation of services;
- Transfer of all data in a usable format to OHCA; and
- Turnover tasks and schedule.

### **13.1 Hardcopy Records**

Contractor shall organize and box all records for shipment to the new contractor, unless otherwise instructed by OHCA. Boxed materials must be labeled on the outside with a list of contents, include an inventory list on each box, and clearly indicate the type and date of materials. All review records should be identified and boxed (i.e. Live cases include: pending medical information, pending physician review, case pending review and re-review, or old cases: Case closed hospital adjustments (DRGs), quality review logs, documents related to cases approved where there has been an action within the last year, etc.) Contractor shall receive specific instructions from the PM regarding boxing, labeling, and shipment of all records utilized under this contract.

### **13.2 Replacement Updates**

As requested, but approximately four (4) months prior to the end of the contract or any extension thereof, the Contractor must provide updates to replacements for all data and reference files, computer programs, Job Control Listing (JCL), and all other documentation as will be required by OHCA or its agent to run acceptance tests.

### **13.3 Hardware and Software**

OHCA may request that the Contractor arrange for the removal of hardware and software or the transfer to OHCA of leases of equipment and software, where applicable.

### **13.4 Turnover Results**

OHCA must approve the Turnover Plan. At a turnover date, to be determined by OHCA, the Contractor shall provide to OHCA or its agent all updated manuals and all other documentation and records as will be required by OHCA for continuity of services under this Contract. Following turnover of operations, the Contractor must provide the state with a Turnover Results Report which will document completion and results of each step of the Turnover Plan.

### **13.5 Turnover Incentive**

As an incentive to the Contractor to fully support the turnover of operations, supporting files, and other documentation to OHCA or its agent, five percent (5%) of the monthly invoiced amount for the last six (6) months of the Contract will be retained by OHCA until all turnover responsibilities are completed.

## **SECTION 14 PAYMENT FOR SERVICES UNDER THIS RFP**

### **14.0 Cost Proposal**

For successful performance of External Quality Review and/or Behavioral Health Utilization Management rendered under this Contract, OHCA shall make payments to Contractor as shown on Attachment B - Cost Proposal: Schedule 1 External Quality Review or Schedule 2 Behavioral Health Utilization Management.

#### **14.1 Implementation Costs**

No start-up or implementation costs shall be paid under this proposal. The prices quoted on Attachment B must be all-inclusive for the Contract.

#### **14.2 Travel**

All Contractor's travel costs shall be included in the prices provided on the Cost Proposal. No reimbursable travel is contemplated in this Contract.

#### **14.3 External Quality Review Payment**

A. For successful performance of External Quality Review under this Contract, OHCA shall make a per service payment as shown on Attachment B – Schedule 1 Cost Proposal to Contractor.

B. Before beginning work on any project under Section 3.6, Contractor shall submit a firm, fixed number of hours required for the project to OHCA in writing along with a statement of work required for the project. This statement of work and the number of hours shall be approved by OHCA before work begins. At the completion of the project or at the completion of specific deliverables agreed upon by both parties in the statement of work, OHCA shall pay Contractor the hourly rate times the agreed-upon number of hours required for the project or deliverable.

C. Payment shall be made on each deliverable for QAPI projects as follows:

- i. A total of 10% shall be paid on receipt of the DAD;
- ii. A total of 10% shall be paid on receipt of the data;
- iii. A total of 50% shall be paid on receipt of the draft report; and
- iv. A total of 30% shall be paid on receipt and acceptance of the final project/report.

D. Payment shall be made on each deliverable for HEDIS reports and additional requested reports as follows:

- i. A total of 30% shall be paid on receipt of the DAD;
- ii. A total of 20% shall be paid on receipt of the data;
- iii. A total of 50% shall be paid on receipt and acceptance of the final project/report.

#### **14.4 Per-Member-Per-Month Payment for Behavioral Health Prior Authorization**

OHCA shall transmit the Contractor a quarterly file of all members included in the Contractor's behavioral health program and transmit updates to that file daily. The Contractor shall invoice OHCA for the per-member-per-month (PMPM) payment in arrears based on the number of eligible members received by the Contractor from OHCA as of the first calendar day of each month. For example, if the Contractor has received 700,000 eligible members from OHCA on August 1, the Contractor shall invoice OHCA for the month of August on or after August 31 for an amount equal to the appropriate PMPM payment times 700,000 members.

#### **14.5 Incorporation by Reference**

The completed Attachment A and Attachment B are incorporated by reference and made part of this RFP. OHCA may amend Attachment A at any time by written notification to Bidder.

## SECTION 15. PROPOSAL SUBMISSION CONTENT AND REQUIREMENTS

### 15.0 POINT OF CONTACT

This RFP is issued by the Oklahoma Department Oklahoma Health Care Authority (OHCA) and OHCA is the sole point of contact from the date of release until the selection of a Contractor(s). OHCA may be contacted at the following address:

Oklahoma Health Care Authority  
2401 N.W. 23RD Street, Suite 1A  
Oklahoma City, OK 73107  
Attn: Kimberely Helton, Contracts Development  
Kimberely.Helton@okhca.org  
(405) 522-7465

### 15.1 RFP CLOSING DATE

Proposals submitted in response to this solicitation must be received at the Oklahoma Health Care Authority no later than 5:00 PM Central Time on the date specified on the OHCA Solicitation Request form or in any amendment to the RFP. Proposals delivered or received after the closing time and date will not be accepted.

### 15.2 PROPOSAL RESPONSE

- a. **Language:** Proposals should be in clear and concise language suitable for inclusion in a contract with the State.
- b. **Page Limitations:** Bidders shall submit separate proposals for each scope of work bid upon, i.e. Part A External Quality Review or Part B Behavioral Health Utilization Management. Proposals shall have a maximum of 50 pages; this page limit includes all technical response text and Attachment B. The page limit does NOT include appendices or sample forms or brochures, the cover page, blank divider pages or divider pages with section or chapter headings or tabs only, a table of contents nor an index. The type size shall not be smaller than 10 point. The top, bottom, left and right margins shall be at least one inch, excluding headers and footers. All pages must be numbered. **Any pages submitted in excess of the limit will not be read, evaluated, or considered in scoring the RFP.**
- c. **Illustrations and Photographs:** Illustrations and photographs may be included only if they are used to illustrate some feature of the proposal such as a room or building to be used to provide services, the cover of a proposed brochure or system screen prints, etc. Any illustrations or photographs must be referenced in the text of the Technical Proposal.
- d. **Covers and binding:** Proposals shall be placed in a loose-leaf binder or other binder cover. Covers shall specify the Bidder's name, date of submission, and the proposal name. Do not place illustrations or photographs on the cover or anywhere else except as specified in paragraph 15.2.c.
- e. **Cost Proposal:** The Cost Proposal must be submitted separately on Attachment B. Any mention of project costs in the Technical Proposal response may render the proposal nonresponsive.

### 15.3 PROPOSAL FORMAT

Bidders shall submit separate proposals for each scope of work bid upon, i.e. Part A External Quality Review or Part B Behavioral Health Utilization Management. Bidder shall address each section of the proposal separately and label the section according to the numbering below:

#### Part A - External Quality Review:

- A. Executive Summary;
  - B. Technical Response, 1. Part A – External Quality Review;
  - C. Corporate Stability and Resources;
  - D. Bidder’s Past Performance, Sections 1.a, 2, and 3;
  - E. Project Management; and
  - F. References.
- Attachment B – Cost Proposal, Schedule 1

#### Part B - Behavioral Health Utilization Management

- A. Executive Summary;
  - B. Technical Response, 2. Part B – Behavioral Health Utilization Management;
  - C. Corporate Stability and Resources;
  - D. Bidder’s Past Performance, Sections 1.b, 2, and 3;
  - E. Project Management; and
  - F. References.
- Attachment B – Cost Proposal, Schedule 2

Bidder should ensure that the proposal addresses all the questions asked below and contains all requested information. Any attachments, sample forms, printed material, etc. should be submitted as appendices and should be referenced in this chapter. Do not submit marketing material for the Bidder.

#### A. EXECUTIVE SUMMARY

Provide a general overview of the proposal that includes the location of the Bidder’s facilities, services being bid (Part A – External Quality Review or Part B - Behavioral Health Utilization Management), general approach to the RFP, important features of the technical proposal, Bidder qualifications and past performance and project management experience. To bid on the External Quality Review, Bidder shall be able to meet all requirements in 1152 of the Social Security Act and Title 42 C.F.R. Part 475 et seq and 42 CFR 438.354; Bidder must demonstrate how they meet the requirements. This could include documentation such as QIO designation, QIO-like certification, etc. Bidders who bid on the Behavioral Health Utilization Management who meet the QIO, QIO-like entity requirements shall demonstrate how they meet the requirements.

#### B. TECHNICAL RESPONSE

##### 1. Part A – External Quality Review

- a. Describe how Bidder will perform medical record review with both traditional paper documentation and electronic health records.
- b. Discuss staff available, and their qualifications, to meet the staffing requirements. Discuss plans for training staff before beginning operations, and plans for training updates when program, policy, or system changes occur.
- c. Explain the Bidder’s complaint handling and resolution processes

##### *Retrospective review (as in Section 3.0)*

- d. Explain the sampling method(s) used to randomly select claims samples for the monthly identification for review. Describe Bidder’s approach to establishing samples, criteria, or guidelines for claims selection, and method(s) for record retrieval and case review.
- e. Explain Bidder’s standard operating procedures for completing retrospective review on inpatient claims using a per diem and DRG reimbursement methodology. For claims using a DRG methodology, describe

experience with verifying coding accuracy with the ICD-9-CM manual. Explain and submit examples of the forms, guidelines (InterQual, Milliman, etc.), and reporting formats to be used. Describe the method to complete the Payment Accuracy Measurement (PAM) project as outlined by CMS.

- f. Explain Bidder's standard operating procedures for completing outpatient observation claims retrospective review. Explain, and submit examples of, the forms, guidelines, and reporting formats to be used.
- g. Explain Bidder's standard operating procedures for provider notification and follow-up when a utilization and/or quality issue is identified. Include a description of the procedures used for the appeal and recoupment process. Submit sample copies of letters to providers for utilization and quality issues identified. Explain the methodology used for identification and analysis of trends.

*Quality Interventions and Education (as in Section 3.1)*

- h. Explain Bidder's approach to developing criteria and protocols to identify medical providers who have provided substandard care, committed Gross and Flagrant Violations with Serious Risk, and/or presented with confirmed quality of care deficiencies. Describe the review criteria physician consultants will use to review cases and the process for modifying review criteria. Describe the method(s) for record retrieval and case review when investigating potential quality of care cases.
- i. Specify the average time frame for completion of case review, submission to peer review committee for review and decision-making, and conclusion of intervention and applicable corrective action plans.
- j. Describe your physician consultant base, i.e., number of physician consultants available, physician specialties, including dental, etc.
- k. Describe the process for education intervention and corrective action, including methods of monitoring compliance. Explain Bidder's standard operating procedures for provider notification and follow-up when a utilization and/or quality issue is identified. Include a description of the procedures used for the appeal and recoupment process. Submit sample copies of letters to providers for utilization and quality issues identified. Describe the methods for analysis of patterns of medical review information for reporting and follow-up review.
- l. Explain how Bidder will follow Medicare protocol for the sanction of SoonerCare providers.

*QISMC Domains and Standards Review (as in Section 3.2)*

- m. Describe how Bidder shall perform the QISMC methodology to audit the managed care program; including onsite review, desk review, etc.
- n. Describe the record review process (e.g., development of appropriate worksheets, hierarchy of record retrieval, data entry, Incoming Quality Control (IQC) process). Provide sample copies of worksheets and a final report, if available. If such report is not available, please submit a sample report.
- o. Specify the average time frame for completion of case review, narrative draft, and final report submission.

*Quality Assessment and Performance Improvement Projects (see Section 3.3)*

- p. Explain the review process (e.g., development of appropriate databases, detailed analysis document (DAD), desktop procedures, record retrieval, data retrieval, data entry, IQC process). Provide sample copies of worksheets for studies conducted, if available. Submit a copy of a final report for a quality analytics study completed by Bidder. If such report is not available, please submit a sample report.
- q. Explain the staff available for collaboration with OHCA staff during the various steps of study development, data collection, analysis, report finalization, etc.

*Client Satisfaction Surveys (see Section 3.4)*

- r. Describe the methodology and process used to conduct CAHPS and ECHO surveys, including determining the sample selection, developing written survey instruments in both English and Spanish, mailing the survey instruments, completing phone attempts, and developing reports.
- s. Discuss the process to submit CAHPS data to the National CAHPS Benchmarking Database. If you have submitted such data to the National Database, please submit a copy of the final report. If not, please submit a sample report.

*HEDIS (see Section 3.5)*

- t. Explain the review process (e.g., development of appropriate databases, detailed design document (DAD), data retrieval, data entry, IQC process). Provide sample copies of HEDIS reports conducted, if available.
- u. Explain the staff available for collaboration with OHCA staff during the various steps of development, data collection, analysis, report finalization, etc.

**2. Part B - Behavioral Health Utilization Management**

- a. Discuss staff available to meet the staffing requirements. Discuss plans for training staff before beginning operations, and plans for training updates when program, policy, or system changes occur.
- b. Explain the Bidder's complaint handling and resolution processes.
- c. How will Bidder collect and present data required for reporting? Include a sample monthly report format.

*Information Systems*

- d. Explain how information will be entered into the MMIS and how member and provider eligibility will be verified.
- e. Describe Bidder's overall technical approach to information systems required for this project, including database, Internet, telephone, fax, computer, and web-based systems.
- f. Describe how Bidder will ensure any separate databases will contain up-to-date member and provider information.
- g. Provide a plan for making the transition to the Bidder's PA system and explain how Bidder will assist providers in making the transition.

*Inspection of Care (IOC) (as in Section 6.1)*

- h. Explain Bidder's approach to developing criteria and protocols to be used in the IOC process. Explain, and submit examples of, the forms, instruments, and reporting formats to be used. Discuss how the providers will be rated to develop quality improvement goals.
- i. Discuss the staff available to perform onsite inspections. Describe the how Bidder will review facility's accreditation and policies, evaluate treatment appropriateness, and complete chart review with traditional paper documentation and electronic health records. Discuss how Bidder will approach the issue of whether the service affected the member's health outcome.
- j. Explain how facilities will be inspected in consecutive years.
- k. Describe Bidder's approach to exit interviews and CAP development.
- l. Describe Bidder's ability to perform ad hoc inspections within the timeframe specified in 6.1.E.
- m. How will Bidder educate providers about appropriate use of behavioral health services? Include sample web screens and/or publications if available.

*Prior Authorization of Behavioral Health Services (as in Section 6.2)*

- n. Explain Bidder's approach to incorporating the OHCA medical necessity criteria and protocols to be used in the PA process. If Bidder has existing guidelines, explain the rationale and results of the existing guidelines. Give examples of algorithms if available. Explain the rationale or algorithms for automatic approvals and for those requiring more review.
- o. Describe Bidder's ability to expand services to an increased SoonerCare population due to the Health Care Reform Bill as described in Section 6.2.B.
- p. Discuss how Bidder will implement a PA request process that meets the processing timeframe. How will web, phone, and fax requests be handled? Provide sample screens of Bidder's existing and/or proposed web site for providers, including those for status checks. Make a recommendation on what should constitute an Expedited request and how these will be handled. Demonstrate expert level knowledge of ICD-9 and ICD-10 diagnostic and CPT procedure coding. Provide a plan for making the transition to the Bidder's PA system and explain how Bidder will assist providers in making the transition. Explain how Bidder will accomplish the nightly file transfer of approved PAs.
- q. Discuss the research completed to monitor trends in the behavioral health industry, including changes in nationally accepted clinical guidelines. Give examples of program areas that might be evaluated for

possible recommendations to OHCA. What new technologies, claims edits and processes, and other procedures are on the horizon and how will Bidder address these?

- r. Describe how Bidder shall accept, collect, and analyze clinical and client data from behavioral health providers. Specify how patterns of clinical outcomes will be identified per provider/agency, and how the Customer Data Core (CDC) form information will be collected.
- s. Discuss how Bidder shall process outpatient PAs, including initial, extensions, modifications, and denials.
- t. Discuss how Bidder shall process inpatient PAs, including a telephone evaluation of each SoonerCare eligible child to determine medical necessity. Discuss the staffing available to complete the PA process, and provide the Certificate of Need.
- u. Describe the Bidder's internal quality control measures regarding all PA decisions. How will Bidder develop and implement an ongoing process of assessing, evaluating, and improving inter-rater reliability to achieve maximum reviewer decision consistency?
- v. Describe Bidder's psychiatric staff available to perform telephonic consultation, and to PA atypical antipsychotics and ADHD medications for SoonerCare members under five (5) years old. Describe the PA process.
- w. How will Bidder educate providers about appropriate use of behavioral health services? Include sample web screens and/or publications if available.
- x. Explain how information will be entered into the Atlantes system.

### **C. CORPORATE STABILITY AND RESOURCES**

Summarize Bidder's organizational characteristics including date established, organization type (e.g. corporation, nonprofit, etc.), number of employees, and any financial information relevant to Bidder's ability to perform the work in this RFP. Explain how Bidder's corporate stability and resources will enable it to implement and manage a project of this size and scope. Address financial solvency and credit rating for the past two years. Disclose any judgments, pending or expected litigation, or other real or potential financial reversals which might materially affect the viability or stability of Bidder during the contract period.

### **D. BIDDER'S PAST PERFORMANCE**

1. For services being bid (Part A – External Quality Review or Part B - Behavioral Health Utilization Management), answer each of these questions as a simple statement of as “x” number of years. Do not include text and discussion in the answer to D.1. Any discussion of experience and projects should be in the response to D.2. Bidder should not include experience of partners and subcontractors; that should be in the response to D.3.
  - a. For Part A – External Quality Review, state the total number of years of experience Bidder has in:
    - i. Conducting retrospective review on paid hospital inpatient and outpatient observation claims;
    - ii. Conducting Quality Interventions and Education to providers;
    - iii. Completing QISMC Domains and Standards Reviews;
    - iv. Completing Quality Assessment and Performance Improvement Projects; and
    - v. Conducting member satisfaction surveys;
  - b. For Part B – Behavioral Health Utilization Management, state the total number of years of experience Bidder has in:
    - i. Development of criteria and guidelines for utilization of behavioral health services
    - ii. Inspection of Care of psychiatric facilities for private or government payers
    - iii. Prior authorization of behavioral health services for private or government payers
    - iv. Provider relations and education related to behavioral health services
2. Discuss three (3) similar projects that Bidder has managed. Describe each project in enough detail to show its similarity to the scope of work.
3. If Bidder intends to use partners or subcontractors in accomplishing the work under this RFP, discuss the relevant experience of partners or subcontractors.

## **E. PROJECT MANAGEMENT**

1. Submit a resume or summary of the qualifications of the Project Directors, Statistician, Technical Writer, and Psychiatrist(s). Discuss any limitations on the Project Director's availability.
2. Submit an implementation timetable for this project. Identify phases, milestones, and/or tasks along with the projected completion date for each. Identify and discuss obstacles to meeting the implementation timetable and any contingency planning.

## **F. REFERENCES**

Submit three (3) professional references on the letterhead of the organization or company that is providing the reference. The reference should briefly discuss the work done by the Bidder and its quality, as well as whether or not the referring organization would contract again with the Bidder. The reference should also include the name, address, telephone and fax number of a person that OHCA may contact for additional information about the Bidder.

### **15.4 COST PROPOSAL – ATTACHMENT B**

Complete Attachment B – Cost Proposal for one or both scopes of work by submitting the appropriate cost sheet (Pricing Schedule 1 or 2) for the type of bid being submitted. Provide firm fixed pricing for state fiscal year 2012 (start of operations through 6/30/2012) and each of five (5) option years of the contract. Note that the Behavioral Health prior authorization pricing is an all-inclusive per member per month amount for each month; no other per member payments will be made. No separate payment for implementation costs will be made. Bidders may reproduce Attachment B if desired, but may not alter it in any way. Altering the pricing structure or any other feature of the cost proposal may render the proposal nonresponsive.

### **15.5 PROPOSAL CHECKLIST**

Bidder's completed proposal must contain the following items:

1. A complete proposal as described above;
2. A complete Attachment B – Cost Proposal;
3. A Certification for Competitive Bid and/or Contract form;
4. A Professional Services Contract Certification form; and
5. A Responding Bidder Information form.

## **SECTION 16 SUBMISSION OF PROPOSALS**

**16.0** Bidders must deliver the following number of proposals to Oklahoma Health Care Authority as indicated on the RFP instruction form: One (1) clearly identified original paper proposal that includes all required forms, signed amendments (if any), and the Cost Proposal Attachment B, three (3) paper copies of the Technical Response, and one (1) electronic copy of the original proposal with all attachments.

- a. All proposals shall clearly indicate the name, title, mailing address, and telephone number of the Contractor's authorized agent with the authority to bind the firm to the provisions of the Contract and to answer official questions concerning the proposal. The original proposal must contain an original signature by this person. Sealed proposals shall be mailed or delivered to the contact person identified in on the OHCA Solicitation Request form.
- b. Submitted proposals are rendered as a legal offer and when awarded by OHCA shall constitute a firm contract.
- c. Submitted proposals shall be in strict conformity with the instructions and shall be submitted on the approved form. All proposals shall be typewritten. Penciled proposals shall not be accepted and shall be rejected as non-responsive. Any corrections shall be initialed in ink.
- d. OHCA will accept all proposals for evaluation that are completely and properly submitted.
- e. Bidders mailing their proposals or using a commercial delivery service shall allow sufficient time for delivery by the time and date specified on the Solicitation Request Form. **Proposals received after that**

- time will be considered nonresponsive and will not be evaluated.** Delivery of the proposals shall be at the Bidders' expense. Any and all damage that occurs due to shipping shall be the Bidders' responsibility.
- f. Proposals submitted in whole or in part by fax or email shall be rejected. Proposals shall be prepared in accordance with the requirements stated in this section of this RFP.
  - g. OHCA reserves the right to reject any proposal that does not comply with the requirements and specifications of the RFP. Bidders may request changes to the terms and conditions of the RFP if desired during the question and answer process. OHCA will accept or reject the change and will post accepted changes as an amendment to the RFP.
  - h. OHCA reserves the right to withdraw or cancel this RFP at any time during the procurement process. Issuance of this RFP in no way obligates OHCA to award or issue a contract or to pay any costs incurred by any Bidder as a result of such a withdrawal.

### **16.1 COST OF PREPARING PROPOSAL**

All costs incurred by the Bidder for proposal preparation, presentations and participation in this competitive procurement will be the sole responsibility of the Bidder. OHCA will not reimburse any Bidder for any such costs.

### **16.2 QUESTIONS & ANSWERS**

- a. All questions and requests for clarification or changes relative to the RFP process or regarding the meaning or interpretation of any RFP provision should be submitted to the email address specified in Section 13.0 of this proposal: [kimberely.helton@okhca.org](mailto:kimberely.helton@okhca.org). Questions will not be accepted by mail, fax or telephone. A confirmation email will be sent to the Bidder to confirm receipt of the questions.
- b. Bidders must submit questions no later than 5:00 PM Central Time on February 4, 2011.
- c. Answers to the questions shall be posted as amendments to the RFP on the OHCA web site (<http://www.okhca.org>) Access the amendment documents by clicking "About Us" at the top of the page and then on "Procurement" in the column on the left side of the page.

### **16.3 RETENTION OF PROPOSALS**

All proposals submitted in response to this RFP become the property of the State and will not be returned. Bidders may request that certain material be designated as proprietary, but final determination of whether or not material is proprietary is at the sole discretion of the OHCA. All proposals submitted and all information contained therein, unless specified as proprietary by OHCA, shall be subject to the Oklahoma Open Records Act, 51 Okla. Stat. §24A.1 et seq.

### **16.4 EVALUATION**

The State of Oklahoma will conduct a comprehensive and fair evaluation of proposals received in response to this RFP. Proposals will be evaluated based upon Best Value Criteria including the Executive Summary, Technical Response, Corporate Stability and Resources, Bidder's Past Performance, Project Management, References, and Cost Proposal – Attachment B.

### **16.5 NEGOTIATION**

OHCA reserves the right to enter into a negotiation process with one or more Bidders when it is considered in the best interest of the State. Should the negotiation process be invoked, the OHCA will negotiate in good faith for modifications to the submitted proposal(s). In the case there are no modifications to the submitted proposal in the negotiation process, the proposal will be scored as initially submitted by the Bidder.

### **16.6 AWARD**

OHCA will notify all Bidders whether or not the Bidder was awarded the contract.

## **SECTION 17. RFP LIBRARY**

Bidders may view an RFP Library on the OHCA web site which contains background information about OHCA and the project that may be useful in preparing proposals. Access the RFP library by going to <http://www.okhca.org>, clicking on “About Us” at the top of the page and then on “Procurement” in the column on the left side of the page.

## **PART II: GENERAL CONTRACT TERMS**

### **SECTION 18. THE CONTRACT**

By responding to this RFP, Contractor states that it accepts all terms and conditions of this RFP. OHCA acknowledges that some other RFP processes provide for creation of a new contractual agreement after acceptance of the proposal, but advises bidders that this RFP does not provide for that process. This RFP and the accepted proposal shall become the contract between the parties as provided in 18.0.

The RFP and any amendments to the RFP are higher order documents than the Contractor's Proposal. Therefore Bidders cannot amend this Contract by stating in its Proposal its intention to decline, waive or alter any term or condition in the RFP. Bidders may request changes of RFP terms and conditions during the question and answer process described in Section 16.2. If OHCA accepts the change, the change will be posted on the OHCA web site as an amendment to the RFP.

#### **18.0 CONTRACT COMPOSITION**

- a. This RFP and the accepted proposal shall become part of the contract between the parties. OHCA is responsible for rendering decisions in matters of interpretation of all terms and conditions.
- b. The component parts of the contract between the State and the selected Contractor(s) shall consist of:
  - 1) This RFP and any amendments to the RFP;
  - 2) RFP Questions and Answers, where applicable;
  - 3) The Contractor's Proposal; and,
  - 4) The Purchase Order issued by OHCA.
- c. In the event of a conflict in language between the documents referenced above, the provisions and requirements set forth in the RFP shall govern. In the event that an issue is addressed in the proposal that is not addressed in the RFP, no conflict in language shall be deemed to occur. However, OHCA reserves the right to clarify, in writing, any contractual relationship with the concurrence of the Contractor(s), and such written clarification shall govern in case of conflict with the applicable requirements stated in the RFP. In all other matters not affected by the written clarifications, if any, the RFP shall govern.

### **SECTION 19. OTHER TERMS AND CONDITIONS**

#### **19.0 ANTICIPATED CONTRACT TERM**

- a. This Contract shall begin on the date of award and end on June 30, 2016.
- b. OHCA will issue a purchase order for the period date of award through June 30, 2011 and then issue a change order to the original purchase order in 12-month increments beginning July 1, 2011 and ending June 30, 2016. The decision to issue a change order to the original purchase order shall be contingent upon the needs of the OHCA and funding availability and is at the sole discretion of the OHCA.
- c. It is understood and agreed by the parties hereto that all obligations of OHCA, including the continuance of payments, are contingent upon the availability and continued appropriation of State and Federal funds, and in no event shall OHCA be liable for any payments in excess of such available appropriated funds.

#### **19.1 AMENDMENTS and/or MODIFICATIONS**

- a. This Contract contains all of the agreements of the parties and no verbal representations from either party that contradict the terms of this Contract are binding. Any modifications to this Contract must be in writing and signed by both parties.
- b. Legislative, regulatory or programmatic changes may require changes in the terms and conditions of the resulting Contract. Modifications of terms and conditions of this Contract shall be authorized in such cases upon approval by OHCA and the Contractor. At all times OHCA and the Contractor shall adhere to the overall intent of the Contract.

**19.2 DISASTER RECOVERY PLAN**

The Contractor awarded the work in Part B shall provide an emergency back-up system, a disaster recovery plan, and medical record storage facility to maintain business operations. Contractor must comply with all State, Federal, and Oklahoma SoonerCare requirements.

**19.3 NOTICES**

A. Whenever notice is required to be given to the other party, the notice shall be made in writing and delivered via certified mail, return receipt requested. Delivery shall be deemed to have occurred when a signed and dated return receipt is acquired by the sender. Notices shall be addressed as follows:

In case of a notice to the Contractor: Designated Program Manager  
Contractor Name  
Contractor Address

In case of a notice to OHCA: Oklahoma Health Care Authority  
Attn: Contracts Development  
2401 N.W. 23<sup>RD</sup> Street, Suite 1A  
Oklahoma City, Oklahoma 73107

B. In the event an address or name change is required by either party, a notice shall be provided as stated in section A above.

**19.4 WORK PRODUCTS**

The Contractor agrees that all data compilations, reports and work papers created and/or utilized by the Contractor to produce the work required under this contract are the property of OHCA. Nothing in this contract shall be construed to make another party a third party beneficiary to this contract.

**19.5 USE OF SUBCONTRACTORS**

The Contractor(s) may use subcontractors if written consent of OHCA is obtained prior to the effective date of any subcontract. The Contractor(s) will be responsible for the subcontractor's performance. The Contractor(s) will be responsible for meeting all the terms of the contract resulting from this procurement. The Contractor(s) shall be wholly responsible for performance of all work performed under the Contract whether or not subcontractors are used.

No subcontract or delegation shall relieve or discharge the Contractor(s) from any obligation or liability under the Contract. The subcontractors are subject to the same conditions as the Contractor(s) and subsequent contract modifications. Performance of any work by "contract employees" hired by the Contractor(s) shall be considered the sole responsibility of the Contractor(s).

**19.6 LIABILITY/HOLD HARMLESS**

The Contractor(s) agrees to hold OHCA harmless of any claims, demands and liabilities resulting from any act or omission on the part of the Contractor(s) and its agents, servants and employees in the performance of this Contract. It is the express intention of the parties hereto that this Contract shall not be construed as or given the effect of creating a joint venture, partnership or affiliation or association that would otherwise render the parties liable as partners, agents, employer-employee or otherwise create any joint and several liability.

**19.7 LIQUIDATED DAMAGES / SANCTIONS**

OHCA intends to apply sanctions and liquidated damages in a manner that is comparable to the nature of the offense or breach of duties described under this RFP. In the event that payment is demanded for services that are later ascertained to have not been duly provided under the provisions of this RFP, OHCA shall demand repayment

of the entire amount paid for said services. Additionally, if OHCA determines the breach to be willfully committed or concealed by the Contractor's management, a penalty may be applied.

#### **19.8 CONFLICT OF INTEREST**

The Contractor(s) certifies that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. The Contractor(s) further certifies that, in the performance of this Contract, no person having such interest shall be employed.

#### **19.9 AUDIT AND INSPECTION**

- a. The Contractor shall keep records as are necessary to disclose fully the extent of service provided under this contract, and shall furnish records and information regarding upon request to the OHCA, the State Auditor & Inspector (SA&I), Department of Central Services – Central Purchasing Division (DCS), the General Accounting Office (GAO), and the U.S. Secretary of the Department of Health and Human Services (hereinafter referred to as Secretary) for seven years from the ending date of this contract, which includes all renewal options. The Contractor shall not destroy or dispose of records, which are under audit, review or investigation when the seven-year limitation is met. The Contractor shall maintain such records until informed in writing by the auditing, reviewing or investigation agency that the audit, review or investigation is complete.
- b. Authorized representatives of OHCA, SA&I, DCS, GAO, and the Secretary shall have the right to make physical inspection of the Contractor's premises and to examine records relating to financial statements or claims submitted by the Contractor under this contract and to audit the Contractor's financial records.
- c. Pursuant to 74 O.S. § 85.41, OHCA and the SA&I shall have the right to examine the Contractor's books, records, documents, accounting procedures, practices, or any other items relevant to this Contract.

#### **19.10 CONFIDENTIALITY**

- a. Contractor(s) agrees that SoonerCare member information is confidential and is not to be released to the general public under 42 USC §1396a(7), 42 CFR §431:300-306 and 63 Okla. Stat. §5018. Contractor(s) agrees not to release the information governed by these SoonerCare member requirements to any other state agency or public citizen without the approval of OHCA.
- b. Contractor agrees that SoonerCare member and provider information cannot be re-marketed, summarized, distributed, or sold to any other organization without the express written approval of OHCA.
- c. Contractor agrees to comply with the Federal Privacy Regulations and the Federal Security Regulations as contained in 45 CFR §§160 through 164 that are applicable to such party as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 USC §§1320d -1320d-8.
- d. Contractor must report a known breach of confidentiality, privacy, or security, as defined under HIPAA, to the OHCA Privacy and Confidentiality Officer within 48 hours of knowledge of an unauthorized act. Failure to perform may constitute immediate termination of contract.
- e. Contractor agrees to report potential known violations of 21 Okla. Stat. §1953 to the OHCA Legal Division within 48 hours of knowledge of an unauthorized act. In general, this criminal statute makes it a crime to willfully and without authorization gain access to, alter, modify, disrupt, or threaten a computer system.
- f. Contractor shall, following the discovery of a breach of unsecured PHI as defined in the HITECH (The Health Information Technology for Economic and Clinical Health Act) or accompanying regulations, notify the OHCA of such breach pursuant to the terms of 45 CFR §164.410 and cooperate in the OHCA's breach analysis procedures, including risk assessment, if requested. A breach shall be treated as discovered by Contractor as of the first day on which such breach is known to Contractor or, by exercising reasonable diligence, would have been known to Contractor. Contractor shall provide such notification to OHCA without reasonable delay and in no event later than 48 hours after discovery of the breach. Such notification will contain the elements required in 45 CFR §164.410.
- g. Contractor shall report to the OHCA any use or disclosure of PHI which is not in compliance with the terms of this Contract of which it becomes aware. Contractor shall report to OHCA any Security Incident of which

it becomes aware. For purposes of this Contract, “Security Incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. In addition, Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI by Contractor in violation of the requirements of this Contract.

#### **19.11 DISPUTES**

The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with the resulting contract. When a dispute arises between OHCA and the Contractor, both parties will attempt to resolve the dispute pursuant to Oklahoma Central Purchasing Act, 74 Okla. Stat § 85, et seq.

#### **19.12 COMPLIANCE WITH LAW**

- a. The parties to this Contract acknowledge and expect that over the term of this Contract laws and regulations may change. Specifically, the parties acknowledge and expect (i) federal Medicaid statutes and regulations, (ii) State Medicaid statutes and rules, and (iii) state statutes and rules governing practice of health-care professions may change. The parties shall be mutually bound by such changes.
- b. As applicable, the Contractor certifies compliance with and shall comply with the following:
  - (i) Age Discrimination in Employment Act, 29 USC §621 et seq.;
  - (ii) Rehabilitation Act, 29 USC §701 et seq.;
  - (iii) Drug-Free Workplace Act, 41 USC §701 et seq.;
  - (iv) Title XIX of the Social Security Act (Medicaid), 42 USC §1396 et seq.;
  - (v) Civil Rights Act, 42 USC §1971 et seq.;
  - (vi) Age Discrimination Act, 42 USC §6101 et seq.;
  - (vii) Americans with Disabilities Act, 42 USC §12101 et seq.;
  - (viii) Oklahoma Worker’s Compensation Act, 85 Okla. Stat. §1 et seq.;
  - (ix) Fair Labor Standards Act, 29 USC §201 et seq.;
  - (x) Equal Pay Act, Public Law 88-38;
  - (xi) Vietnam Era Veterans Re-adjustment Act of 1974, Public Law 93-509;
  - (xii) 31 USC §1352 and 45 CFR §93.100 et seq., which (1) prohibit use of federal funds paid under this Contract to lobby Congress or any federal official to enhance or protect the monies paid under this Contract and (2) require disclosures to be made if other monies are used for such lobbying;
  - (xiii) Presidential Executive Orders 11246 and 11375, which together require certain federal contractors and subcontractors to institute affirmative action plans to ensure absence of discrimination for employment because of race, color, religion, sex, or national origin;
  - (xiv) 45 CFR §§76.105 and 76.110 concerning debarment, suspension and other responsibility matters;
  - (xv) 74 Okla. Stat. §§85.44 (B) and (C) and 45 CFR. §74.34 with regard to equipment (as defined by 2 CFR Part 230) purchased with monies received from OHCA pursuant to this Contract;
  - (xvi) Federal False Claims Act, 31 USC § 3729-3733; 31 USC § 3801;
  - (xvii) Oklahoma Taxpayer and Citizen Protection Act of 2007, 25 Okla. Stat. §1313 and participates in the Status Verification System. The Status Verification System is defined at 25 Okla. Stat. §1312 and includes but is not limited to, the free Employment Verification Program (E-Verify) available at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify).
- c. The explicit inclusion of some statutory and regulatory duties in this Contract shall not exclude other statutory or regulatory duties.
- d. All questions pertaining to validity, interpretation, and administration of this Contract shall be determined in accordance with the laws of the State of Oklahoma, regardless of where any service is performed.

- e. The venue for civil actions arising from this Contract shall be Oklahoma County, Oklahoma. For the purpose of Federal jurisdiction, in any action in which the State of Oklahoma is a party, venue shall be the United States District Court for the Western District of Oklahoma.
- f. If any portion of this Contract is found to be in violation of State or Federal Statutes, that portion shall be stricken from this Contract and the remainder of the Contract shall remain in full force and effect.

**19.13 TERMINATION**

- a. Either party may terminate for cause with a thirty (30) day written notice to the other party. Either party may terminate without cause with a sixty (60) day written notice to the other party.
- b. In the event funding is withdrawn, reduced, or limited in any way after the effective date of this Contract and prior to the anticipated Contract expiration date, this Contract may be terminated immediately by OHCA.

**19.14 FORCE MAJEURE**

Neither party shall be deemed to be in default of any of its obligations hereunder if and so long as it is prevented from performing such obligation by an act of war, foreign action, nuclear explosion, riot, strike, civil insurrection, earthquake, hurricane, tornado, or other catastrophic event or act of God.

**19.15 LICENSURE**

Contractor shall ensure that its employees and persons who engage in health care shall maintain all licenses, certifications, and permits required for such activities during the term of this Contract. Should such an employee or person's license, certification, or permit to engage in health care be modified, suspended, revoked, or in any other way impaired, Contractor shall ensure that the terms of such action are followed.

**19.16 PAYMENT TERMS**

- a. A proper invoice for services must be rendered in order to receive payment. A proper invoice is one which contains, at a minimum, the following information: 1) Contractor(s) name; 2) FEI or vendor number; 3) invoice number; 4) purchase order number (where applicable); 5) description of service(s); 6) date(s) of service; 7) enrollee and participant RID numbers; 8) amount(s) billed on a PMPM basis for the services provided. Contractor(s) shall maintain documentation of all billed charges and shall make such documentation available to OHCA upon request or as otherwise stated in this Contract. Contractor(s) shall submit invoices to the following address:
  - Oklahoma Health Care Authority
  - Division of Finance, General Accounting
  - P.O. Box 18299
  - Oklahoma City, OK 73154
- b. Payment terms and conditions are contingent on provisions stated in Section 14.0 of this Contract.
- c. OHCA shall have forty-five (45) days to pay an invoice. If OHCA fails to pay an invoice within that time, Contractor(s) shall have the right to interest upon the invoice amount consistent with 62 Okla. Stat. §41.4b.
- d. Contractor(s) shall have the latter of: (a) ninety (90) days from the final date of service(s) rendered under the terms of this Contract; or (b) ninety (90) days from the expiration of this Contract to submit invoice(s) for payment. OHCA shall not be held responsible for payment of invoices submitted in excess of these time limitations.
- e. No payment shall be made by OHCA in advance of, or in anticipation of, services actually performed under this Contract. Monthly invoices must be submitted for work performed the previous month.

**ATTACHMENT A  
INSPECTION OF CARE FACILITIES**

**B.1 Provider Information-Adult Facilities (Serves 18-21 years of age)**

<b>Provider Number</b>	<b>Status</b>	<b>Facility Name</b>	<b>Address</b>	<b>Phone number Fax Number</b>
100701410A	DRG	Brookhaven Meadowbrook	201 S. Garnett Road Tulsa, OK 74128	(918) 438-4257 (918) 438-8016
100700640A	Per Diem	Carl Albert CMHC	1101 E. Monroe PO 579 McAlester, OK 74501	(918) 426-7800 (918) 426-6760
100699370F	DRG	Deaconess Hospital	7600 N.W. 23 <sup>RD</sup> Bethany, OK 73008	(405) 604-6138 (405) 604-6274
100734050O	Facility based crisis stabilization	Green Country	6365 W Okmulgee Muskogee, OK 74401	918-682-8407 Fax 918-682-4636
100690030A	Per Diem	Griffin Memorial Hospital	900 E. Main St. P.O. Box 151 Norman, OK 763069	(405) 321-4880 (405) 321-4514
200044210A	DRG	Hillcrest Specialty Hospital	1145 South Utica Tulsa, OK 74104	(918) 579-7260
100699490A	DRG	Jane Phillips Medical Center	P.O. Box 78 Bartlesville, OK 74005	(918) 333- 7200
100700660A	Per Diem	Jim Taliaferro CMHC	602 S.W 38 <sup>th</sup> St. Lawton, OK 73505	(580) 248-5780 (580) 248-9128
100700380C	DRG	Laureate Psychiatric Hospital	6666 South Yale Tulsa, OK 74136	(918) 481-4000
100262320C	DRG	Mercy Memorial Health Center	1011 14 <sup>th</sup> SW Ardmore, OK 73401	(580) 223-5400 (580) 220-6659
100700490A	DRG	Midwest City Hospital	2825 Parklawn Dr. MWC, OK 73110	(405) 736-1872 (405) 736-1872
100700690L	DRG	Norman Regional Hospital	901 North Porter Norman, OK 73071	(405) 321-1700
100704080A	Per Diem	Northwest Center for Behavioral Health CMHC	P.O. Box 1 Fort Supply, OK 73841	(580) 766-2311 (580) 766-2017
100707410A	Facility based crisis stabilization	Oklahoma County Crisis Intervention Center	1200 NE 13 <sup>th</sup> Street Oklahoma City, OK 73117	405-271-6800
100689210W	DRG	OU Medical Center	P.O. Box 26307 OKC, OK 73126	(405) 271-5007 (405) 271-1951
100738360H Acute	Per Diem	Parkside Psychiatric Hospital and Clinic	1619 E. 13 <sup>th</sup> St. Tulsa, OK 74119	(918) 588-8888 (918) 588-8859
100700630A	DRG	Pavilion: Muskogee Regional Medical Center	300 Rockefeller Drive Muskogee, OK 74401	(918) 682-5501 (918) 684-3374

100699420A	DRG	Ponca City Memorial Hospital	1900 N. 14 <sup>th</sup> P.O. Box 1270 Ponca City, OK 74602	(580) 765-3321 (580)765-0597
100635250A	Facility based crisis stabilization	Red Rock—Oklahoma City	4400 N Lincoln Oklahoma City, OK 73105	405-424-7711
100635250N	Facility based crisis stabilization	Red Rock--Clinton	90 N 31 <sup>st</sup> Clinton, OK 73001	405-424-7711
100701680A	Per Diem	Rolling Hills Hospital	1000 Rolling Hills Lane Ada, OK	(580) 436-3600 (580) 436-3958
100699540A	DRG	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072
200014270A	DRG	Texoma Medical Center	2601 Cornerstone Drive Sherman, Texas 75092	(903) 416-3000
100728840B	DRG	Valley View Regional Hospital – Reflections- Intellectually and Developmentally Disabled	430 North Monta Vista Ada, OK 74820	(580) 421-1234
200100890B	DRG	Wagoner Community Hospital	1200 W. Cherokee Wagoner, OK 74467	(918) 485-5514 (918) 485-1893

**B.2 Provider Information – Adolescent and Children Facilities**

Provider Number	Facility Name	Address	Phone Number Fax Number	Populations Served	Status
100733450D Crisis Stabilization only	ACT – Child and Adolescent Life Management Center (CALM)	6126 E 32 <sup>nd</sup> Place Tulsa, OK 74135-5406	(918) 394-2256	M/F ages 10-17	Facility Based Crisis Unit
200285640A	Bethesda Family Services	1807 South Main Street Sapulpa, OK 74066		Females Ages 13-17	Community Based RTC (Not an IMD)
200106860B RTC (015)	Camelot of Oklahoma	3301 N Martin Luther King Blvd Oklahoma City, OK 73111	(405) 548-1280 x 103 (405)548-1296	M/F ages 4-17 Pervasive Development Disorders, including Autistic, Asperger’s	IMD
200106860A RTC (013)	Camelot of Oklahoma	3301 N Martin Luther King Blvd Oklahoma City, OK 73111	(405) 548-1280 x 103 (405)548-1296	children with IQ< 50	IMD
200085660B Acute	Cedar Ridge Treatment Center	6501 NE 50 <sup>th</sup> Oklahoma City, OK 73141	(405) 605-6111 (405) 424-0457 or (405) 605-5995	M/F ages 12-17 Acute Neuro- psychiatric for M 13-17	Per Diem
200085660A RTC	Cedar Ridge Residential Treatment Center	6501 NE 50 <sup>th</sup> Oklahoma City, OK 73141	(405) 605-6111 (405) 424-0457 or (405) 605-5995	M/F ages 6-17 Also has Neuro- psychiatric unit	IMD
200085660C RTC	Cedar Ridge Neurobehavioral Treatment Center	6501 NE 50 <sup>th</sup> Oklahoma City, OK 73141	(405) 605-6111 (405) 424-0457 or (405) 605-5995	Males ages 13-17	IMD
100688950A	Children’s Recovery Center of Oklahoma	320 12 <sup>th</sup> Ave, NE Norman, OK 73071	(405) 364-9004 (405) 573-3804	M/F ages 13-17 No MR Co-Occurring psychiatric and substance abuse	IMD
100726320A	Children’s Recovery Center of Oklahoma	320 12 <sup>th</sup> Ave, NE Norman, OK 73071	(405) 364-9004 (405) 573-3804	M/F ages 13-17 No MR	Facility Based Crisis Unit
200044210A Acute	Hillcrest Medical Center	744 W. 9 <sup>th</sup> St. Tulsa, OK 74127	(918) 599-5880 (918) 599-5669	M/F ages 3-17	DRG
200044210E RTC	Hillcrest Medical Center	744 W. 9 <sup>th</sup> St. Tulsa, OK 74127	(918) 599-5880 (918) 599-5669	M/F ages 3-17	IMD

100699500A Acute	Integriss Bass	2216 S. Van Buren P.O. Box 3168 Enid, OK 73703	(800) 759-2211 (580) 234-2220 (580) 237-9621	M/F ages 5-18	DRG
100699500S RTC	Integriss Bass	2216 S. Van Buren P.O. Box 3168 Enid, OK 73703	(800) 759-2211 (580) 234-2220 (580) 237-9621	M/F ages 5-18	IMD
200285100A	Integriss Bass	2216 S. Van Buren P.O. Box 3168 Enid, OK 73703	(800) 759-2211 (580) 234-2220 (580) 237-9621	dual dx (MI/ MR) unit for ages 12-17 (	IMD
100806400X Acute	Integriss Mental Health- Spencer/ Willow View	2601 N. Spencer Road Spencer, OK 73084	(405) 427-4716 or (405)427-4791 (405) 427-4720 or (405) 427-4768	General: M/F ages 5-17; M 12-17 Conduct traits; Sexually aggressive behaviors M/F 5-14	DRG
100806400W RTC	Integriss Mental Health- Spencer/ Willow View	2601 N. Spencer Road Spencer, OK 73084	(405) 427-4716 or (405)427-4791 (405) 427-4720 or (405) 427-4768	General: M/F ages 5-17; M 12-17 Conduct traits	IMD
100806400Y	Integriss Mental Health- Spencer/ Willow View	2601 N. Spencer Road Spencer, OK 73084	(405) 427-4716 or (405)427-4791 (405) 427-4720 or (405) 427-4768	; Sexually aggressive behaviors M/F 5-14	IMD
100701710F RTC	Moccasin Bend Ranch	130 "A" St. S.W. P.O. Box 1144 Miami, OK 74354	(918) 542-1836 (918) 542- 6060	M/F ages 13-17	IMD
100738360H Acute	Parkside	1619 E. 13 <sup>th</sup> St. Tulsa, OK 74120	(918) 588-8888 (918) 588-8859	M/F ages 10-17 MR case by case	Per Diem
100738360I RTC	Parkside	1620 E 13 <sup>th</sup> Tulsa, OK 74119	(918) 588-8888 (918) 588-8859	M/F ages 10-17 MR case by case	IMD
100738360J RTC	Parkside - TCAT	1220 South Trenton Tulsa, OK 74120	(918) 588-8888 (918) 588-8859	M/F ages 6-17 MR case by case	IMD
100699540P RTC	Positive Outcomes (JSOP)	2129 SW 59 <sup>th</sup> Street Oklahoma City, OK 73119	(405)713-5780 (405)713-5782 (405)680-2820	Males age 13-17 Sex offenders only	IMD

200051970G Crisis Stabilization only	Red Rock Children's Crisis Center	4400 N. Lincoln Blvd. Oklahoma City, OK 73105	(405) 425-0333 (405) 425-0312	M/F ages 10-17 No sex offenders	Facility Based Crisis Unit
200006820A Acute	Shadow Mountain Behavioral Health Systems	6262 S. Sheridan Tulsa, OK 74133	(918) 492-8200 (800) 821-6993 (918) 492-0493	M/F ages 4-17	Per Diem
200006820F RTC	Shadow Mountain Behavioral Health Systems	6262 S. Sheridan Tulsa, OK 74133	(800) 821-6993 (918) 492-8200 (918) 492-0493	M/F ages 4-17, Traditional RTC	IMD
200006820T	Shadow Mountain Behavioral Health Systems	6262 S. Sheridan Tulsa, OK 74133	(800) 821-6993 (918) 492-8200 (918) 492-0493	Threshold Program for Male sex offenders age 13-18, who are not MR	IMD
200006820G RTC	Shadow Mountain -- Riverside	1027 East 66 <sup>th</sup> Place Tulsa, OK 74136	(800) 821-6993 (918) 492-8200 (918) 492-0493	M/F ages 13-17 45-70	IMD
20006820Q RTC	Shadow Mountain -- Riverside	1027 East 66 <sup>th</sup> Place Tulsa, OK 74136	(800) 821-6993 (918) 492-8200 (918) 492-0493	M/F RAD 4-12 M/F 13-17 Autism/ Asperger's	IMD
200006820S RTC- Community based	Shadow Mountain -- Riverside HOPE Program	1027 East 66 <sup>th</sup> Place Tulsa, OK 74136	(800) 821-6993 (918) 492-8200 (918) 492-0493	M/F 12-17 IQ 45-70	IMD
200006820R RTC	Shadow Mountain- Eagle Creek Native American Treatment Program	PO Box 106 100 Sawmill Road Kansas, OK 74347	(800) 821-6993 (918) 597-3623 (918) 597-3625	Males Ages 12-17	IMD
200130800A RTC	Southern Plains Treatment Center	310 12 <sup>th</sup> Avenue, N.E. Norman, OK 73071	(405) 217-8400 (405) 217-8405	Males Ages 12-18 OJA/ DHS accepted	IMD
100697950B Acute	Southwestern Behavioral Health	1602 S.W. 82 <sup>nd</sup> P.O. Box 7290 Lawton, OK 73505	(580) 536-0077 (580) 510-2777	M/F ages 4-18 May take mild MR No Sub Abuse Programs- may be treated as secondary diagnosis	DRG
100697950F RTC	Southwestern Behavioral Health	1602 S.W. 82 <sup>nd</sup> P.O. Box 7290 Lawton, OK 73505	(580) 536-0077 (580) 510-2777	M/F ages 4-18 May take mild MR	IMD

100699540A Acute	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072	M/F ages 5-18 May take MR	DRG
100699540H RTC	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072	M/F ages 5-18, Human Restorations: M/F ages 13-18, IQ> 70	IMD
100699540I	St. Anthony	1000 N. Lee OKC, OK 73102	(405) 272-6216 (405) 272-7072	Accents Program: M/F ages 7-12 IQ50-70	IMD
200213300A RTC	Varagon Academy	3400 Deskin Drive Norman, OK 73069	(405) 701-1522 (405) 701-8531	Males only, ages 12-18, sex offenders &/ or MR, NO DHS	IMD
200211500A RTC	White Horse Ranch	1601 Wilkie Road Mooreland, OK 73852	(580) 994-5649 (580) 9942739	Females, age 12-18 Severe emotional disturbances, eating disorders, and co- occurring substance abuse treatment Unit is unlocked	Per Diem
100701710B Acute	Willowcrest Hospital	130 "A" Street SW P.O. Box 1144 Miami, OK 74354	(918) 542-1836 (918) 542-6060	M/F ages 5-12 M/F ages 13-17	Per Diem
100701710D RTC	Willowcrest Hospital	130 "A" Street SW P.O. Box 1144 Miami, OK 74354	(918) 542-1836 (918) 542-6060	M/F ages 5-18	IMD

### B.3 Provider Information – Border Facilities

Provider Number	Facility Name	Address	Phone Number Fax Number	Populations Served	Status
100693500A Acute	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	M/F ages 3-18 MR IQ 50-70 and Males ages 12-17 sex offenders Females ages 13-17, self harming behaviors	Per diem
100693500F RTC	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	Females ages 13-17, Reactive attachment and self harming behaviors	Per diem
100693500E	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	MR IQ 50-70 and Males ages 12-17 sex offenders	Per diem
100693500B RTC	Heartland Behavioral Health Services	1500 West Ashland Nevada, MO 64772	(417) 667-2666 (417) 448-5688	M/ F ages 3-18 MR IQ 50-70 and Males ages 12-17 sex offenders Females ages 13-17, self harming behaviors	IMD
200131960A RTC	Piney Ridge Treatment Center Arkansas	4253 North Crossover Fayetteville, AR 72703	(479)587-1408 (479)587-1085	Males/ Females Ages 8-18 Sex Offenders	IMD
200206960A RTC	New Hope Heartland	619 Fairfield Street Norwich, KS 67118	(800) 776-6482 (843) 851-1075	Females Ages 12-18 IQ 50 and above	IMD
200096190A	Timber Ridge Ranch Neurorestorative Services	15000 Highway 298 Benton, AR 72015	(800) 697-5350 or (501)549-5211 (501)594-5236	M/F ages 6-12 Neurological and psychiatric diagnoses	IMD
200075470A Acute	University Behavioral Health of Denton	2026 West University Denton, TX 76201	(940) 320-8100 (940) 384-0402	M/F 5-18	Per Diem
200012010D Acute	Vista Health of Fayetteville	4753 Crossover Road Fayetteville, AR 72703	(479) 521-5731 or (800) 545-4673 (479)521-6520	M/F ages 4-17	Per Diem

200012010E RTC	Vista Health of Fayetteville	4753 Crossover Road Fayetteville, AR 72703	(479) 521-5731 or (800) 545-4673 (479)521-6520	M/F ages 4-17	IMD
200012010B Acute	Vista Health of Ft. Smith	10301 Mayo Drive Ft. Smith, AR 72923	(479) 494-5700 (479) 484-9991 (479)484-9994	M/F ages 4-17	Per Diem
200012010C RTC	Vista Health of Ft. Smith	10301 Mayo Drive Ft. Smith, AR 72923	(479)494-5700 (479)484-9991 (479)484-9994	M/F ages 4-17	IMD

**B.4 Provider Information – Out of State Facilities**

<b>Provider Number</b>	<b>Facility Name</b>	<b>Address</b>	<b>Phone Number Fax Number</b>	<b>Populations Served</b>	<b>Status</b>
100705870A RTC	Benchmark	592 West 1350 South Woods Cross, UT 84087	(801) 299-5300 (801) 296-2163	Males only sex offenders, ages 12-18, may take Mild MR	IMD
200043170A RTC	The Camelot Schools	1150 North River Road Des Plaines, IL 60016- 1214	( 847)359-8000 (847) 359-8001	M/F ages 6-21 Autism	IMD
100846740A RTC	Cedar Crest Hospital and RTC	3500 S. IH-35 Belton, TX 76513	(254)939-4021 Toll Free: (866) 543-7779 (254) 939-4075 fax	M/F age 5-17, trauma recovery, dual diagnosis, substance abuse	IMD
200010940A RTC	Copper Hills Youth Center	5899 West Rivendell Drive West Jordan, UT 84088	(800) 776-7116 or (801) 561-3377 (801) 569-2959	Females Only Ages 12-17 sex offenders program	IMD
100697040A RTC	National Deaf Academy	19650 US Highway 441 Mount Dora, FL 32757	(352) 735-9500 x111 (352)735-4939 Fax TTY: (352) 735-9570	M/F ages 6-17 Hearing/ visually impaired/ MR and Autism	IMD
100693530A RTC	Piney Ridge Treatment Center Missouri	1000 Hospital Rd PO Box 4067 Waynesville, MO 65583	(800) 772-5354	M/F ages 12-18, & sexually abusive behaviors: M 13- 17, F 12-18	IMD
100696240A RTC (Sub-acute)	Texas Neuro Rehab Center	1106 W. Dittmar Rd Austin, TX 78745	(800) 252-5151 (512) 444-4835 (512) 462-6749	M/F ages 8-18 MR/Autism/ Neuro- behavioral and comprehensive neuropsychological evaluation	IMD

**B.5 Provider Information – TFC Facilities**

<b>Provider Number</b>	<b>Facility Name</b>	<b>Address</b>	<b>Phone Number Fax Number</b>
100745880A	Choices for Life	4101 Perimeter Ctr. Dr. Suite 250 OKC, OK 73112	(405) 751-0800 (405) 751-6488
100726450B	Eagle Ridge Institute	601 N.E. 63 <sup>rd</sup> OKC, OK 74105	(405) 840-1359 (405) 858-7015
200044210D	Hillcrest	Mailing: 744 W. 9 <sup>th</sup> Street Tulsa, OK 74127  Physical: 720 West 7 <sup>th</sup> Street Tulsa, Ok 74127	(918) 599-5955 (918) 599-5699
100733860B	Human Skills & Resources	2140 South Harvard Avenue Tulsa, OK 74114	(918) 574-2147 or (800) 318-6866  Fax: (918) 574-2149 or (888) 397-8555
100744520A	Oklahoma Families First, Inc.	2227 West Lindsey, Suite 1550 Norman, OK 73069	(405) 360-2133 (405) 360-4821
100710730A	SAFY	1209 Sovereign Row OKC, OK 73108  1320 Homestead Drive, Suite "G", Lawton, OK 73505	(405) 942-5570 (405) 942-5603  (580) 536-9129 (580) 563-1932
200006820J	Shadow Mountain Behavioral Health Systems TFC	5350 S. Western #555 OKC, OK 73109	(405) 631-4567 (405) 631-4593
100685870A	Southwest Foster Care	4801 N. Classen, Ste. 135 OKC, OK 73118	(405) 848-0011 (405) 848-2111
20219080B	St. Francis Community Services	7320 S Yale, Ste 202 Tulsa, OK 74136  406 S Duncan Stillwater, OK 74074	(918) 488-0163
100709660A	The Bair Foundation	1601 Greenbriar Place OKC, OK 73159  2921 E 91 <sup>st</sup> Street Tulsa, OK 74137	(405) 759-2670 (405)759-2669  (918) 298-5059 (918) 877-663-1650-Toll Free (918)298-4517 FAX
100803130B	Wesleyan Youth Inc.	4500 N. Classen, Ste 200 OKC, OK 73118	(405) 524-4457 (405) 524-5762

100732920A	Western Plains	1213 W. Hanks Trail Woodward, OK 73801	(580) 254-5322 or (800) 649-8087 Fax: (580) 254-5335
100731500A	Youth & Family Service Enid	605 West Oxford Enid, OK 73701	(580) 233-7220 (580) 237-7550

### Residential Behavior Management

Level D+	American Legion Children's Home	1300 Summers Place Ponca City, OK 74604-4443	(580) 762-4156 Fax 580-767-8754
Level E	Genesis Project, Inc	9500 NE 150 <sup>th</sup> Jones, OK 73049-9802	(405) 396-2942 Fax 405-396-2954
Level D+	Marie Detty Parker Pointe	811 SW 17 <sup>th</sup> Lawton, OK 73501-4832	(580) 248-6470 Fax (580) 595-9080
Level E	Norman Adolescent Group Home	2801 Venture Drive Norman, OK 73069-8215	(405) 573-1008 FAX (405) 573-1010
Level D+	Realition Community Services of OK	2026 W. Skelley drive Tulsa, OK 74107	(918) 447-0880 FAX (918) 447-0888
Level E	Sequoyah Enterprises— Chickasha	2027 W Idaho Chickasha, OK 73018	(405) 222-2768 x 109 FAX (405) 222-3486
Level E	Sequoyah Enterprises—Enid	306 W Park Enid, OK 73071-5637	(580) 233-5844 FAX (580) 233-0399
Level E	Sequoyah Enterprises— Lawton	824 SE 2 <sup>nd</sup> Street Lawton, OK 73501	(580) 357-7400 FAX (580) 357-7886
Level E	Speck Homes, Inc	1425 N. Lincoln Oklahoma City, OK 73104	(405) 239-7101 FAX (405) 239-7106
Level D+	Tulsa Boys Home	2727 South 137 <sup>th</sup> West Avenue Sand Springs, OK 74063	(918) 245-0231, 5024 FAX (918) 241-5031
Level D+	White Fields, Inc.	7127 County Line Rd. NE Piedmont, OK 73078	(405) 302-5123 FAX (405) 562-2347
Level E	Butler Skills Development Center	315 East 1 <sup>st</sup> Street Butler, OK 73625`	(580) 664-5370 FAX (580) 664-5373
Level E	Cedar Canyon Adventure Program	RR 1, Box 189 Weatherford, OK 73096	580-343-2132 FAX 580-343-2751
Level E	Cornerstone	4201 28 <sup>th</sup> Avenue, NW Norman, OK 73069	405-573-1000 FAX 405-447-6492
Level E	Foss Lake Adventure Program	HC 66, Box 116B Foss, OK 73647	580-592-4444 FAX 580-592-4786
Level E	Lawton Adventure Program	709 SW C Avenue Lawton, OK 73501	580-357-5709 FAX 580-357-5696
Level E	Lighthouse	2801 Venture Dr., Bldg A Norman, OK 73069	405-307-0342 FAX 405-307-0361
Level E	People, Inc	205 JT Stiles Blvd Sallisaw, OK 74955	918-755-7787 FAX 918-775-0328

Level E	ROCMND Area Youth Services, Inc	55250 130 Road Miami, OK 74355	918-542-3107 FAX 918-542-3548
Level E	Tenkiller Adventure Program	33109 South 509 Road Park Hill, OK 74451	918-457-5125 FAX 918-457-3350
Level E	Salt Fork Adventure Program	PO Box 152 Nash, OK 73761	580-839-2320 FAX 580-839-2322
Level E	Varangon Academy Group Home	3400 Deskin Drive Norman, OK 73069	4005-701-8530 FAX 405-701-8531